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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements OMB No 1545-0047

Open to Public Inspection

	<u> </u>	OF LITE	2011 Calendar year, or tax year beginning and ending			
	В	Check if	C Name of organization	D Em	nployer ident	ification number
	_	Addre				
	늗	chang Name chang	Air & Waste Management Association		2.5	6048614
	늗	Ilnıtıal		to F T-1		
	 	return	Number and street (or P.O. box if mail is not delivered to street address) Room/s 420 Fort Duquesne Blvd., One Gateway 3rd	ı	lephone numb	
	<u> </u>	ated Amen	· · · · · · · · · · · · · · · · · · ·		(41	
	<u> </u>	return	City of town, state of country, and ZIP + 4	- t	ss receipts \$	3,375,607.
	L	tion pendii	PICCSDUIGH, PA 15222-1455		s this a group	
			F Name and address of principal officer Amy Gilligan	I	or affiliates?	Yes X No
	_		same as C above		Are all affiliates i	
						a list (see instructions)
<u> </u>			te: www.awma.org forganization: X Corporation Trust Association Other Ly			tion number
7 7 7	-	art I		rear of forma	111011: 1954	M State of legal domicile: PA
- ≅	F		Summary Summary	ion of	F the A	ggogiotion
> ~	ဗ	1	Briefly describe the organization's mission or most significant activities: The miss			
≥ ⊣	Governance	١.	is to promote a clean environment, provide 1			
₹	, Le	1	Check this box If the organization discontinued its operations or disposed of n	nore than 2	1	
<u>a</u> §	Ś	1	Number of voting members of the governing body (Part VI, line 1a)			3 18 4 18
卫 b	ಿ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	
¥ □	ţį	1	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		8	
Z 4	Activities	1	Total number of volunteers (estimate if necessary)		<u> </u>	
SCANNED NUV	. ₹	1	Total unrelated business revenue from Part VIII, column (C), line 12		7	
SCAN	(D	Net unrelated business taxable income from 990 T, line 34	Dei		
Ü			Contributions and grants (Part VIII, line 1h) RECEIVED		or Year 366,969	Current Year 1,195,883.
	že		Program service revenue (Part VIII, line 29) 42 00 1 1 20+3		508,188	
	Revenue		Program service revenue (Part VIII, line 2g) 2 0 0 1 1 2012 0 1 1 2012 0 1 1 2012 0 1 1 2012 0 1 1 2012 0 1 1 2012 0 1 1 2012 0 1 1 2012 0 1 1 2012 0 1 1 2012 0 1 1 2012 0 1 1 2012 0 1 1 2012 0 1 1 2012 0 1 1 2012 0 1 1 2012 0 1		35,985	
	æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9e, 10c, and 11e)		<8,072	
			Total revenue - add lines 8 through 11 (must equal Pair VIII, adjumin (A); line 12)	3 0	903,070	
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		23,900	
			Benefits paid to or for members (Part IX, column (A), line 4)		0	
	so.	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1.3	347,035	
	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	
	ber	h	Total fundraising expenses (Part IX, column (D), line 25)		· · · · · · · · · · · · · · · · · · ·	
	Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2.5	552,137	. 2,032,789.
		ł	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		923,072	
			Revenue less expenses Subtract line 18 from line 12		<20,002	
	t Assets or	1			of Current Yea	
	sets	20	Total assets (Part X, line 16)		587,197	
	8 89	21	Total liabilities (Part X, line 26)		069,527	
	캺		Net assets or fund balances Subtract line 21 from line 20		517,670	
	Pa	art II	Signature Block			
	Und	ler pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and	d to the best of	my knowledge and belief, it is
	true	, correc	ct, and complete. Declaration of pregarer (other than officer) is based on all information of which prep	arer has any	knowledge.	
			Son I Killy		1 9/27	117
	Sig	n	Signature of officer		Date '	
	Her	re	Amy Gilligan, Treasurer			
			Type or print name and title			
			Print/Type preparer's name Preparer's signature	Date	Check	PTIN
	Paid		JOEL S. KUNKEL Sel S. M. COPA	1 9/2/1	//2 self-emp	
	_	parer	Firm's name HERBEIN + COMPANY, INC.		Firm's EIN	23-2415973
	Use	Only	Firm's address ► 530 PELLIS RD, STE 7000			/=-
			GREENSBURG, PA 15601-4585	· -	Phone no.	(724) 834-7053
	May	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2011)

	•		Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	_	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_ 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	_	<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
8	Schedule D, Part III	8		X
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	- 6		- 1
9	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	х	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е		11e	X	
f			,,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		v
L	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		X
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			_
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	,		v
~~	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	

	990 (2011) Air & Waste Management Association 25-604 † IV Checklist of Required Schedules (continued)	<u>8614</u>	Р	age 4
<u> </u>	• Oncorring of Frequency Contained		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		163	140
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		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		X
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		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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34_		X
35a		35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	6		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	l	l	1

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Form **990** (2011)

37

132005 01-23-12 Form **990** (2011)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V					
	Officer if Scriedule O contains a response to any question in this tart v				· ·	 _
	E. U. D. O. C. C. W. 4000 February Control and backle	ا ۔ ا	23		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a		1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and re	1b				
С		porta	ble garring	40	x	
0-	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ı		1c	<u> </u>	
2a	filed for the calendar year ending with or within the year covered by this return	2a	24		ļ	
			24	25	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b		
0-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3a	Х	
	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O	•		3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ity over a	30		
44	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a	x	İ
h	If "Yes," enter the name of the foreign country Canada	.00001	,	144		
•	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	ccou	nts.]	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions.	tion?		5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anızatıon solıcıt			
	any contributions that were not tax deductible?	_		6a		x
ь	if "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices p	rovided 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	s req	uıred			ĺ
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				ĺ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7 <u>g</u>		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did					
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a	iny tim	ie during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.					v
a	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter:	40-				ĺ
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter	IUU				
11 a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
b	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		· · · · · · · · · · · · · · · · · · ·	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			i		
	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	13b				
С	Enter the amount of reserves on hand	13c				<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?		· _	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		

Form 990 (2011) Air & Waste Management Association 25-6048614 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions								
	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 18								
	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	Enter the number of voting members included in line 1a, above, who are independent 18								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X_					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X_					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_	<u> </u>						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	X					
6 Did the organization have members or stockholders?									
7a				İ					
	more members of the governing body?	7a	X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
_	persons other than the governing body?	7b	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	37						
_	The governing body?	8a	X X						
b	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b							
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	The second of th		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_X_						
b	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	12a	<u>X</u>						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	_ <u>X</u> _						
13	Did the organization have a written whistleblower policy?	_13	X						
14	Did the organization have a written document retention and destruction policy?	_14	X	-					
15	Did the process for determining compensation of the following persons include a review and approval by independent								
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	150	Х						
h	Other officers or key employees of the organization	15a 15b	X						
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100							
16a	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					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	l							
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure		_						
17	List the states with which a copy of this Form 990 is required to be filed ▶PA	_							
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) a	vaılabl	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
40	Own website X Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	ı tınan	ciai						
20	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion 🕨							
20	W.G. Braun - 412-232-3444	IO11.							

Duquesne Boulevard,

15222-1435

Form 990 (2 0)11)	Air	æ	Waste	Manag	eı

ment Association

25-6048614

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

Check if Schedule O contains a response to any question in this Part VII

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

- 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

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per	(do box,	not ci	(C Posi heck i ss pei	ition more	l than is bot	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer Officer	from the organization (W-2/1099-MISC		the	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Merlyn Hough	10.00									
President-Elect	10.00	X						0.	0.	0.
(2) Dallas Baker	7 00	37		7.7					_	_
Vice President	7.00	X		X	 			0.	0.	0.
(3) Mark Rood	F 00	3,5						0	_	_
Director	5.00	X			 	 	-	0.	0.	0.
(4) Howard Saxion	7 00	7.		7.7				0.	0.	_
Vice President	7.00	X		X		-	-	0.	U •	0.
(5) Daniel Weiss	F 00	x					ł	0.	0.	0.
Director	5.00	^				╁	├	0.	U •	<u></u>
(6) Nancy Meilahn Fowler	5.00	x						0.	0.	0.
Director	3.00	^						0.	<u> </u>	·
(7) Scott Golla	5.00	v						0.	0.	0.
Director	3.00	^					-		0.	<u></u>
(8) Richard Tropp	5.00	v						0.	0.	0.
Director (9) Gleness Knauer	3.00	22				<u> </u>	-	-	0.	
• /	5.00	х				1		0.	0.	0.
Director (10) Kathleen Lockhart	3.00					\vdash	<u> </u>		3,	
Director	5.00	x			1			0.	0.	0.
(11) Jeanne Ng	3,100	- <u></u>								
Director	5.00	x						0.	0.	0.
(12) Laurel Peterson				_						
Vice President	7.00	X		X				0.	0.	0.
(13) Raghavan Ramanan										
Director	5.00	X			ļ	l		0.	0.	0.
(14) Laki Tisopulos							[
Director	5.00	X						0.	0.	0.
(15) Jeffry Muffat										
President	30.00	X		X				0.	0.	0.
(16) A. Gwen Eklund										
Immediate Past President	10.00	X					<u> </u>	0.	0.	0.
(17) Ravi Srivastava										
Director	5.00	<u> </u>	<u> </u>		l			0.	0.	0.
132007 01-23-12										Form 990 (2011)

Name and title Average Pours per P	Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	mple	yee	s, a	nd ł	ligh	est	Compensated	Employ	ees (continued)				
The Sub-total Sub-total	· (A)	(B) Average hours per week	(do box offic	not c , unle	(C Pos heck ss pe	C) ition more rson	l than is bot	one h an	(D) Reportati compensa	ole	(E) Reportable compensation		am	imate	
(18) Awy L Gilligan Treanurer 5.00 X 111,000. 0. 0. (19) Michael Kelly Executive Director & Secretary 50.00 X 138,250. 0. 20,547. 1b Sub-total 1b Sub-total 1c Total from continuation sheets to Part VII, Section A 1 Total from continuation sheets to Part VII, Section A 1 Total from continuation sheets to Part VII, Section A 1 Total from continuation sheets to Part VII, Section A 1 Total from continuation sheets to Part VII, Section A 1 Total from continuation sheets to Part VII, Section A 1 Total from the organization is an organization because the state of the section of		hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organizat (W-2/1099-N				fro orga and	m the Inizat relat	e Ion ed
1b Sub-total c Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total (add lines	(18) Amy L Gilligan	F 00			v				11	000		0			0
1b Sub-total		3.00	-	-	_		 	-	<u> </u>	000.		<u> </u>			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	Executive Director & Secretary	50.00			x	_			138,	<u>250.</u>		0.	20),5	<u>47.</u>
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No															
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization								_					_		
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization															
d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1	1b Sub-total		l	<u> </u>	!	L		<u></u>	149,	250.		0.	20),5	47.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Yes No		I, Section A							149				20) 5	
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Occupied Schedule J for such individual Solution or individual for services The very complete Schedule J for such individual A X X X X X X X X X X X X X X X X X X		ot limited to th	nose	liste	ed al	bove	e) wł	no re	•),000 of reportab			,,,	<u> </u>
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation	compensation from the organization												- 1	<u>, </u>	1
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation	3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee	, or	highest comper	nsated e	mployee on		\dashv	res	
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation	•							4 . 41	har aamaaaat	aa fram	the ergenization		3		<u> X</u>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation	-	· ·		-					· ·		the organization		4	x	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation											idual for services	,			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation		plete Schedul	e J f	or s	uch	pers	son						5		X
the organization Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation		mpensated in	depe	ende	ent c	ontr	racto	ors t	hat received mo	ore than	\$100,000 of con	npens	ation fr	om	
Name and business address NONE Description of services Compensation	,	•										.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		address	N	ONI	3				Descrip		services	С			n
Total number of independent contractors (including but not limited to those listed should the received more than															
Total number of independent contractors (including but not limited to those listed should take received more than							_								
Total number of independent contractors (including but not limited to those listed should take required more than															
A. Total number of independent contractors (including but not limited to those listed shous) who recoved more than															
Total number of independent contractors (including but not limited to those listed should take assessed more than															
	2 Total number of independent contractors (noludina but s	not le	mito	d to	tho	ال مع	steed	l above) who ro	nelved n	nore than				

\$100,000 of compensation from the organization

Part VIII Statement of Revenue (D) Revenue excluded from (B) (A) (C) Total revenue Related or Unrelated exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 866,357. **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and 329,526. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 195,883 Total. Add lines 1a-1f Business Code 2 a Continuing education p 900099 484,395.1,484,395. 511120 511,136. 386,232. 124,904. ь Publications f All other program service revenue 995,531 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 62,952. 62,952 other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (II) Personal (ı) Real 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 119,287. assets other than inventory b Less: cost or other basis 119,339 and sales expenses <52. c Gain or (loss) <52. <52.> d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 1,954 1,954. 900099 11 a Other income d All other revenue 1,954. e Total. Add lines 11a-11d 870,627. 124,904. 64,854. ,268 Total revenue. See instructions. Form 990 (2011)

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)

	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 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 governments and			-	1
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22	21,900.	21,900.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<u></u>
5	Compensation of current officers, directors,				
	trustees, and key employees	169,797.	118,858.	50,939.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			2-2-2-	40.004
7	Other salaries and wages	873,919.	602,900.	258,385.	12,634.
8	Pension plan accruals and contributions (include	25 256	04 540	10 516	
	section 401(k) and section 403(b) employer contributions)	35,056.	24,540.	10,516.	
9	Other employee benefits	112,813.	78,969.	33,844.	
10	Payroll taxes	79,526.	55,668.	23,858.	•
11	Fees for services (non-employees).	200 200	000 000	10 205	
а	Management	302,398.	283,003.	19,395.	
þ	Legal .	1,001.		1,001.	
С	Accounting	13,264.		13,264.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	07 002	64,840.	22,163.	
g		87,003. 12,746.	12,746.	24,103.	
12	Advertising and promotion	331,021.	286,509.	44,512.	
13	Office expenses	6,078.	200,309.	6,078.	
14	Information technology	1,154.	1,154.	0,070.	
15	Royalties	112,692.	78,884.	33,808.	,
16	Occupancy . Travel	162,570.	151,206.	11,364.	
17 18	Payments of travel or entertainment expenses	102,370.	151,200.	11,301.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	685,404.	650,922.	34,482.	
20	Interest	6,302.	000/3221	6,302.	
21	Payments to affiliates	<u></u>		0,0021	
22	Depreciation, depletion, and amortization	62,439.	43,707.	18,732.	
23	Insurance	43,746.	15,922.	27,824.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		•		
а	Printing and publicatio	92,737.	84,567.	8,170.	
	Postage and shipping	71,501.	71,501.		
Ç	Miscellaneous	28,461.	26,091.	2,370.	
d	- C ' 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12,272.		12,272.	
	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	3,325,800.	2,673,887.	639,279.	12,634.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
	•				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			77,873.	1	17,724.
	2	Savings and temporary cash investments		[2	
	3	Pledges and grants receivable, net		[3	
	4	Accounts receivable, net		[256,811.	4	216,445.
	5	Receivables from current and former officers, di	rectors, trustees, ke	∍y			
		employees, and highest compensated employee	es Complete Part I	1			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined under sect	ion			_
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	ıtıng			
		employers and sponsoring organizations of sect	tion 501(c)(9) volunt	ary			
		employees' beneficiary organizations (see instru				6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use			36,898.	8	36,900.
•	9	Prepaid expenses and deferred charges			55,409.	9	45,103.
	10a	Land, buildings, and equipment: cost or other		Γ			•
		basis. Complete Part VI of Schedule D	10a 5	66,504.			
	Ь	Less accumulated depreciation		40,465.	227,940.	10c	226,039.
	11	investments - publicly traded securities			1,927,265.	11	1,740,858.
	12	Investments - other securities See Part IV, line	11		· · · · · · · · · · · · · · · · · · ·	12	
	13	Investments - program-related See Part IV, line	11	Ţ.		13	
	14	Intangible assets	_	Γ		14	
	15	Other assets See Part IV, line 11		5,001.	15	4,904.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		2,587,197.	16	2,287,973.
	17	Accounts payable and accrued expenses		255,132.	17	256,226.	
	18	Grants payable			18		
	19	Deferred revenue		690,315.	19	486,044.	
	20	Tax-exempt bond liabilities				20	
က္	21	Escrow or custodial account liability. Complete	Part IV of Schedule	D		21	
Liabilities	22	Payables to current and former officers, director	rs, trustees, key em	ployees,			
abi		highest compensated employees, and disqualifi	ed persons Compl	ete Part II			
=	'	of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated third parties		75,000.	23	125,000.
	24	Unsecured notes and loans payable to unrelate	d third parties			24	
	25	Other liabilities (including federal income tax, pa	yables to related th	ırd			
	ŀ	parties, and other liabilities not included on lines	s 17-24). Complete I	Part X of			
		Schedule D	•		49,080.	25_	27,256.
	26	Total liabilities. Add lines 17 through 25			1,069,527.	26	894,526.
		Organizations that follow SFAS 117, check he	ere 🕨 🗓 and	complete			
S		lines 27 through 29, and lines 33 and 34.					
ဋ	27	Unrestricted net assets			982,480.	27	779,225.
ala	28	Temporarily restricted net assets	•		535,190.	28	614,222.
펄	29	Permanently restricted net assets				29	
필		Organizations that do not follow SFAS 117, c	heck here 🕨 🗌	and			
卢		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or ed	quipment fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other fund	is		32	
ž	33	Total net assets or fund balances			1,517,670.	33	1,393,447.
	34	Total liabilities and net assets/fund balances			2,587,197.	34	2,287,973.

Form **990** (2011)

om	990 (2	2011) Air & Waste Management Association	<u> 25-60</u>	<u> 48614</u>	Pag	ge 12
Pa	rt XI	Reconciliation of Net Assets				
	•	Check if Schedule O contains a response to any question in this Part XI				X
			1 1			
1	Total	revenue (must equal Part VIII, column (A), line 12)	1	3,256		
2	Total	expenses (must equal Part IX, column (A), line 25)	2	3,32		
3	Reve	nue less expenses Subtract line 2 from line 1	3			<u>32.</u> :
4	Net a	issets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,51		
5	Other	r changes in net assets or fund balances (explain in Schedule O)	5			<u>91.</u> :
6		ssets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,393	<u>3,4</u>	<u>47.</u>
Pa	rt XII	Financial Statements and Reporting				
		Check if Schedule O contains a response to any question in this Part XII				Щ.
					Yes	No
1	Acco	unting method used to prepare the Form 990. L. Cash X Accrual L. Other		_		
	If the	organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
b	Were	the organization's financial statements audited by an independent accountant?		_ 2b	Х	
C	If "Ye	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	reviev	w, or compilation of its financial statements and selection of an independent accountant?		2c		_X_
	If the	organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Ye	es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separ	rate basis, consolidated basis, or both				
	X	Separate basis Consolidated basis Both consolidated and separate basis				
За	Asaı	result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	1		
	Act a	nd OMB Circular A-133?		3a		<u>X</u>
b	If "Ye	es," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or au	dits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				Form	9 90 (2011)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

2011

OMB No 1545-0047

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. ➤ See separate instructions.

Inspection
Employer identification number

			aste Managem						25	5-60 4 8	614		
Part I	Reason	for Public Char	ty Status (All organiz	ations mu	st complet	e this part	.) See ins	tructions.					
he orgar	nization is not a	private foundation l	pecause it is (For lines 1	through 1	1, check	only one b	ox)						
1 🗀	A church, coi	nvention of churches	s, or association of churc	ches desci	nbed in se	ction 170	(b)(1)(A)(i)).					
2 🔲	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)									
з 🗔	A hospital or	a cooperative hospit	al service organization o	described i	n section	170(b)(1)((A)(iii).						
4	A medical res	search organization of	perated in conjunction	with a hos	pıtal descr	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter th	he hospital	's nam	ne,	
	city, and stat	e·						_					
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governi	mental uni	describe	ed 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).												
7 🗔	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
	section 170(b)(1)(A)(vi). (Complete Part II)												
8 🗀			ection 170(b)(1)(A)(vi).	(Complete	Part II)								
9 X	An organizati	on that normally rec	eives (1) more than 33 1	1/3% of its	support fr	rom contri	butions, m	nembershij	o fees, an	d gross red	eipts	from	
	activities rela	ted to its exempt fur	octions - subject to certa	un exceptio	ons, and (2	2) no more	than 33 1	1/3% of its	support t	from gross	ınvest	ment	
	income and u	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	after June 3	0, 197	' 5.	
	See section	509(a)(2). (Complete	Part III)										
10 🗔			erated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	1).					
11 🗀	An organizati	on organized and op	erated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carry	out the	purposes o	f one	or	
	more publicly	supported organiza	itions described in section	on 509(a)(1	l) or sectio	on 509(a)(2	?) See se c	ction 509(a	a)(3). Che	ck the box	that		
	describes the	type of supporting	organization and compl	ete lines 1º	e through	11h.							
	a Type I	l b	Type II d	; 🔲 Тур	e III - Func	tionally int	egrated		d 🔙	Type III - C	Other		
е 🗀	By checking	this box, I certify tha	t the organization is not	controlled	directly of	r ındırectly	by one o	r more disc	qualified p	ersons oth	er tha	n	
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	itions desc	cribed in s	ection 509	(a)(1) or s	section 509	(a)(2)		
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
	supporting of	rganization, check th	iis box										
g	Since August	t 17, 2006, has the o	rganization accepted ar	ny gift or co	ontribution	from any	of the foll	owing pers	ons?				
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons d	lescribed	ın (ıı) and (ı	ıı) below,		Yes	No	
	the gove	erning body of the si	apported organization?							11g(i)			
	(ii) A famıly	member of a persor	n described in (i) above?							11g(ii)			
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	, ?					11g(iii)		<u> </u>	
h	Provide the f	ollowing information	about the supported or	ganızatıon((s)								
~						•							
(i) Name	e of supported	(ii) EIN	(iii) Type of		rganization			(vi) ls organizatio	the	(vii) Am	ount o	f	
org	janization		organization (described on lines 1-9	in col. (i) lis	•	_		(i) organize	ed in the 📗	sup	oort		
			above or IRC section	governing				U.S.	,,,				
			(see instructions))	Yes	No	Yes	No	Yes	No				
							ļ						
		ļ											
								-					
			- · · · · · · · · · · · · · · · · · · ·			<u> </u>							
				-									
		·		 				-					

	(Complete only if you checke fails to qualify under the tests			-		under Falt III. II til	
	tion A. Public Support	т					
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						·-
4 5	The portion of total contributions						
	by each person (other than a						:
	governmental unit or publicly				į.		1
	supported organization) included						Ì
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	1=7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		19,	(4)
8	Gross income from interest,					·	
	dividends, payments received on					1	
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business		1				
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain		1				
	or loss from the sale of capital			İ		1	
	assets (Explain in Part IV)					<u> </u>	
	Total support. Add lines 7 through 10			<u> </u>			
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo	•	's first, second, thi	d, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
Sec	organization, check this box and storetion C. Computation of Publ		ercentage				<u> </u>
	Public support percentage for 2011 (column (f))		14	
15	Public support percentage from 2010	Schedule A, Par	t II, line 14			15	
16a	33 1/3% support test - 2011. If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies						▶[
b	33 1/3% support test - 2010. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation		•	▶ [
17a	10% -facts-and-circumstances tes	t - 2011 . If the or	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	his box and stop l	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	test The organization	ation qualifies as a	publicly supporte	d organization		▶[
b	10% -facts-and-circumstances tes	it - 2010. If the or	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circi	umstances" test, c	heck this box and	stop here. Explai	in in Part IV how the	•

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

<u></u>	qualify under the tests listed b	elow, please comp	olete Part II)				<u> </u>
	ction A. Public Support			 -			
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	_(f) Total
1	Gifts, grants, contributions, and			l			
	membership fees received (Do not						
	ınclude any "unusual grants.")	1601792.	1683198.	1330848.	1366969.	1195883.	7178690.
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						
3	Gross receipts from activities that			!			
	are not an unrelated trade or bus-			Į			
	iness under section 513	2420022.	3058450.	1933566.	2400576.	1870627.	11683241.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
_	Total, Add lines 1 through 5	4021814.	4741648.	3264414.	3767545.	3066510	18861931.
_	Amounts included on lines 1, 2, and 3 received from disqualified persons	-U21014.	4/4T040•	2202214·	3101343.	3000310.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				-		0.
C	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6) ction B. Total Support						18861931.
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	4021814.	4741648.	3264414.	3767545.	3066510.	18861931.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	141,064.	113,310.	65,859.	62,217.	62,830.	445,280.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses				<u> </u>		
	acquired after June 30, 1975	184,364.	109,192.	123,540.	107,612.		524,708.
	: Add lines 10a and 10b	325,428.	222,502.	189,399.	169,829.	62,830.	969,988.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital			5,894.	<8,072.	1 05/	-224 -
40	assets (Explain in Part IV)	4247242	4064150				<224.>
	Total support (Add lines 9, 10c, 11, and 12)	4347242.	4964150.	3459707.			19831695.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	a, tourth, or fifth ta	ix year as a section	n 501(c)(3) organiz	cation,
	check this box and stop here	:- O		·			. 🏲 🔛
	ction C. Computation of Publ						AF 44
_	Public support percentage for 2011 (-	olumn (f))		15	95.11 %
_	Public support percentage from 2010					16	<u>94.58 %</u>
Sec	ction D. Computation of Inve						
17	Investment income percentage for 20)11 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	4.89 %
18	Investment income percentage from					18	<u>5.43 %</u>
19a	a 33 1/3% support tests - 2011. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2010. If the	-	-				▶ LXJ and
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

Air & Waste Management Association 25-6048614

Par	rt I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6	·
			(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		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised ful	nds
-	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified h	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	inization during the tax
	year ▶		•
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the y	ear > \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(l	B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the or	rganization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o		Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		f public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
p	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(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 art, historical tre	•	, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		▶ \$

	t III Organizations Maintaining C	aste Manage			or Simil		48614	
	*Using the organization's acquisition, accessi							
3		on, and other record	s, check any or the	tollowing that are a	significant	use or its	collection it	ems
_	(check all that apply) Public exhibition		Loop or ove	hongo programa				
a	=	ď		hange programs				
b	Scholarly research	е	Other	 -				
C	Preservation for future generations					_		
4	Provide a description of the organization's co			=		ose in Par	TXIV	
5	During the year, did the organization solicit o				ar assets	_	ا	—
Dar	to be sold to raise funds rather than to be ma				- 5 00/	<u> </u>	_ Yes _ l	No_
rai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete ii the organizatio	n answered Yes t	o Form 990), Part IV,	line 9, or	
	· · · · · · · · · · · · · · · · · · ·	-						
та	Is the organization an agent, trustee, custoda	an or other intermed	lary for contribution	s or other assets no	ot included		٦., ۲	—
	on Form 990, Part X?		University to the land		-	<u>_</u>	」Yes	No
D	If "Yes," explain the arrangement in Part XIV	and complete the to	llowing table.				A	
	Decision belonce						Amount	
	Beginning balance				1c			
	Additions during the year	•			1d			
e	Distributions during the year		•		1e			
f O-	Ending balance Did the organization include an amount on Fo	array 000 David V June	010		1f		T [
	S	orm 990, Part X, line	217			L_	_ Yes	No
Par	t V Endowment Funds. Complete if	f the organization an	ewered "Ves" to For	rm 990 Part IV line	10			
	Elidovillotti dildo: odmplete il					ranco bank	(-) Faur va	ara baak
4.	Paginning of year halance	(a) Current year	(b) Prior year	(c) Two years back	(a) Three	ears Dack	(e) Four yea	ars back_
1a	Beginning of year balance	96,001.	51,049.		 -			
b	Contributions	254	26.000	60 505				
C	Net investment earnings, gains, and losses	<354.		60,797				
d	Grants or scholarships	3,794.	8,654.	9,748			_	
е	Other expenditures for facilities							
	and programs .				 			
	Administrative expenses				 			
g	End of year balance	99,441,	96,001.	51,049	<u>. </u>			
2	Provide the estimated percentage of the curr	=		i)) neid as:				
_	Board designated or quasi-endowment	100.00	_%					
b	Permanent endowment	%						
С	Temporarily restricted endowment	%						
0-	The percentages in lines 2a, 2b, and 2c should be a second and a second a second and a second and a second and a second and a second an	•	46-4 6-14		46			
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are neid a	na administered for	tne organiz	zation	[\frac{1}{2}	т
	by:						Ye	
	(i) unrelated organizations	•	·				3a(i)	X
	(ii) related organizations		- C-b			•	3a(ii)	<u> </u>
	If "Yes" to 3a(ii), are the related organizations Describe in Part XIV the intended uses of the	•					_3b	
Par	t VI Land, Buildings, and Equipm							
_ a				or other (1)	A a a		(-N D1:	
	Description of property	(a) Cost or of basis (investing	1 , ,		Accumulate epreciation	eu	(d) Book va	aiue
	Land	Dadio (IIIVESIII	Jasis ((Janon) un			_	
	Land .				· -			
b	Buildings .	 	2	2,432.	8,2	51	1 /	170
ت ب	Leasehold improvements			4,072.	332,2			<u>178.</u> 861.
	Equipment . Other	<u> </u>	34	±,0/4•	224,4	++•		90T.
	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	X column (R) line 1	0(c))			226	039

Schedule D (Form 990) 2011

<u>(11)</u>

Sche Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finance	rial State		6048614	Page 4
<u> </u>		· · · · · · · · · · · · · · · · · · ·		3,256,	260
1	*Total revenue (Form 990, Part VIII, column (A), line 12)	1	-		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		3,325,	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3			532.
4	Net unrealized gains (losses) on investments	4		<54,	<u>691.</u>
5	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Prior period adjustments	7			·
8	Other (Describe in Part XIV.)	8			504
9	Total adjustments (net) Add lines 4 through 8	9			<u>691.</u>
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Statements With Rever	10 nue per F	Return	<124	223.
1	Total revenue, gains, and other support per audited financial statements	F	1	3,201,	577.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		'	3,201,	<u> </u>
a		4,691.	LI		
a b	Donated services and use of facilities 2b	-, 0, 1	1		
	Recoveries of prior year grants 2c		1		
ن	, , , ₉		1		
d	Other (Describe in Part XIV)		ا ہے ا	-E.A	601
_	Add lines 2a through 2d		2e		691.
3	Subtract line 2e from line 1		3	3,256,	400.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		-		
b	Other (Describe in Part XIV.)		-		_
С	Add lines 4a and 4b		4c	2 256	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,256,	268.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	nses per	Retu		
1	Total expenses and losses per audited financial statements		1	3,325,	800.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities 2a		4		
b	Prior year adjustments 2b		4		
С	Other losses 2c		4		
d	Other (Describe in Part XIV.)		1		
е	Add lines 2a through 2d		2e		<u> </u>
3	Subtract line 2e from line 1		3	3,325,	<u>800.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	,] }		
b	Other (Describe in Part XIV.)]		
С	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,325,	800.
Pai	t XIV Supplemental Information				
X, line	polete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Pai e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to prove t V, line 4: Quasi-endowment funds are used for gradual and the content of t	vide any ad			4; Part
<u>sci</u>	nolarships.				
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			.	
	x-exempt nonprofit organization under Section 501(c)				
Rev	venue Code. Although certain activities may be deeme	d unre	late	ed to th	ıe
<u>Ass</u>	sociation's exempt purpose and subject to tax, net o	perati	ng I	loss	
cai	rry-forwards are available to offset any income. Acc	ordina	17	a	

Schedule D (Form 990) 2011 Air & Waste Management Association Part XIV Supplemental Information (continued)	25-6048614 Page 5
provision for federal income tax is not required for the	ne year ended
December 31, 2011; additionally, at December 31, 2011 t	there was
approximately \$8,240,000 in operating loss carry-forward	rds which will
expire in various amounts through 2028.	
In accordance with generally accepted accounting princi	ples relative to
uncertainty in income tax purposes, the Association rec	cognizes the income
tax benefit (or liability as applicable) from an uncert	ain tax position
when it is more likely than not that, based on technica	al merits, the
position will be sustained upon examination, including	resolutions of any
related appeals or litigation process. Management has d	letermined that
there are no uncertain tax positions that qualify for e	either recognition
or disclosure in the financial statements.	
The years of 2008 and forward are open for purposes of	potential audit by
taxing authorities.	

Employer identification number 25-6048614 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization

(a) Amount of cash grant assistance or government if applicable assistance or government assistance or government. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. Air & Waste Management Association General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part II

2

Open to Public

Inspection

OMB No 1545-0047

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) (2011)

Page 2

25-6048614

(Form 990) (2011) Air & Waste Management Association
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed Schedule I (Form 990) (2011)
Part III Grants and Other

	3 - 1 - 1 - 1 - 1 - 1	And American Assay	and to take of the	1 - V Mathematics of the state of	(A) Description of any description
(a) Type of grant or assistance	(b) Number or recipients	(c) Amount or cash grant	cash assistance	(book, FMV, appraisal, other)	(I) Description of non-cash assistance
Scholarships awarded for graduate study in the environmental field	ð	21,900.	•		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I,	line 2, and any other	additional information.	
Schedule I, Part I, Line 2: Scholarshi	bs	are made pa	payable dire	directly to the	
college or university. Educational	1 institutions	tions are		advised that the funds	
are to be used for tuition and professional	ofessiona]	I	ent in acc	development in accordance with	
university/college policies.					

SCHEDULE J (Form 990)

Compensation Information

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

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

Air & Waste Management Association

v, line 23.

2011

Open to Public Inspection

Name of the organization

Department of the Treasury

internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Employer identification number

25-6048614

Questions Regarding Compensation Yes No ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III X Compensation committee X Written employment contract Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. a Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? X 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of X a The organization? 5a Х Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? X 6a X Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III X 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

25-6048614

Page 2

Air & Waste Management Association

Schedule J (Form 990) 2011

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	3	138,250.	0	0	0	20,547.	158,797.	0
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16	▤							

Schedule J (Form 990) 2011

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.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Air & Waste Management Association

Employer identification number 25-6048614

TILL & Wabbe Hallagement Habboulation 25 0040011
Form 990, Part I, Line 1, Description of Organization Mission:
of air pollution control and waste management, promote a sense of
environmental responsibility, and serve its membership and the public.
Form 990, Part III, Line 4d, Other Program Services:
Councils - The organization supports four Councils which include
Education, Sections & Chapters, Technical, and Young Professionals
Advisory. Each council conducts business to support the vision and
mission of the organization through education, publications,
networking, volunteer development, and information exchange.
Scholarship Awards - Scholarships awarded to graduate students.
Recipients can be U.S. or non-U.S. members or non-members. All
scholarships are paid to the university/college.
Expenses \$ 216,411. including grants of \$ 21,900. Revenue \$ 0.
Form 990, Part VI, Section A, line 4: The by-laws were updated to reflect
changes in governance.
Form 990, Part VI, Section A, line 6: Our organization consists of over
7,000 members.
Form 990, Part VI, Section A, line 7a: Directors & officers may be either
appointed by the board (up to 3) or voted into office by the membership.

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Name of the organization Employer identification number Air & Waste Management Association 25-6048614 acceptance of the annual audited financial statements. Form 990, Part VI, Section B, line 11: The Treasurer and Board are provided a draft of the Form 990. Any questions are discussed with the independent auditors, who prepare the Form 990. After all questions have been satisfied, the Form is filed with the IRS. Form 990, Part VI, Section B, Line 12c: Board members review and sign the conflict of interest policy yearly. Form 990, Part VI, Section B, Line 15: The executive director's compensation is established by the Compensation Committee. Air & Waste Management Association's general practice is to provide a base salary opportunity to the market/industry midpoint for comparable jobs. Our objective is also to provide compensation opportunities for commensurate performance, which will attract and retain qualified employees. Reward variations recognize differences in individual performance contributions, as well as the contributory impact to the business unit. The Executive Director approves all salary increases and compensation adjustments. Form 990, Part VI, Section C, Line 19: Governing Policy, Minutes, and

Financial Statements are made available on the Association's website and SharePoint access systems. If public documents, or in the "members only" area of the website if proprietary or private in nature.

Jeanne Ng - Flat 30H, Tower 2, Smithfield Court, Hong Kong, HONG KONG

Laurel Peterson - 1800 Blankenship Road, Suite 440, West Linn, OR 97608

Raghavan Ramanan - 6555 Berrywood Drive, Downers Grove, IL 60516

Laki Tisopulos - 21865 E. Copley Drive, Diamond Bar, CA 91765

Jeffry Muffat - 3M Center, 224-5W-03, Saint Paul, MN 55144

A. Gwen Eklund - 505 East Huntland Drive, Suite 250, Austin, TX 78752

Ravi Srivastava - 109 TW Alexander Drive, Suite MD E305-01, RPT, NC 27711

Net unrealized losses on investments: -54,691.

Form 990, Part XI, line 5, Changes in Net Assets:

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

-	are filing for an Automatic 3-Month Extension, complet	_				$-\mathbf{x}$
If you	are filing for an Additional (Not Automatic) 3-Month Ext	ension, c	omplete only Part II (on page 2 of	this form)		
Do not d	complete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	sly filed Fo	rm 8868	
Electror	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tir	ne to file (6	months for a corp	oration
•	to file Form 990-T), or an additional (not automatic) 3-mor		•		•	
of time t	o file any of the forms listed in Part I or Part II with the exc	eption of	Form 8870, Information Return for	Transfers /	Associated With Ce	ertain
Persona	I Benefit Contracts, which must be sent to the IRS in paper	er format ((see instructions) For more details	on the elec	tronic filing of this	form,
	w.irs.gov/efile and click on e-file for Chanties & Nonprofits.		· · · · · · · · · · · · · · · · · · ·			
Part I	Automatic 3-Month Extension of Time	. Only s	ubmit original (no copies ne	eded).		···
A corpoi	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete		
Part I or						• ∐
	corporations (including 1120-C filers), partnerships, REMi come tax returns	ICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of time	····
Type or	Name of exempt organization or other filer, see instruc	ctions		Employer	identification num	ber (EIN) or
print	Air & Waste Management Asso	ociati	ion	X	25-604863	1 /
File by the	Name at an and an an an an an an an an an an an an an				curity number (SS)	
due date fo filing your	420 Fort Duquesne Blvd., Or			SOCIAI SE	culty flumber (33)	٧)
return See				<u> </u>		
i) Straction	Pittsburgh, PA 15222-1435	reign add	ress, see mandenons			
	TICOSDUIGH, IA ISZZZ IZSS					
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			01
Applica	tion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	20	01	Form 990-T (corporation)	<u> </u>		07
Form 99		02	Form 1041-A			08
Form 99		01	Form 4720			09
Form 99		04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	 ,		11
	90-T (trust other than above)	06	Form 8870			12
<u> </u>	W.G. Braun	<u> </u>				
• The l	books are in the care of > 420 Fort Duques	sne Be	oulevard - Pittsbu	ırah.	PA 15222-	1435
	phone No ► 412-232-3444	"	FAX No. ▶			
	e organization does not have an office or place of business	s in the Ur	nited States, check this box			-
	s is for a Group Return, enter the organization's four digit			If this is fo	r the whole group,	check this
box 🕨	. If it is for part of the group, check this box	1	ich a list with the names and EINs o			
1 1	request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	e until		
	August 15, 2012, to file the exemp	t organiza	tion return for the organization narr	ed above	The extension	
IS	for the organization's return for:				DES	
>	X calendar year <u>2011</u> or				RECEIVE	n
>	tax year beginning	, an	nd ending			70
				191	MAY 9 1 20	
2 If	the tax year entered in line 1 is for less than 12 months, of	heck reas	on: Initial return	Final retur	mAI 21 20	12 19
[Change in accounting period					1851
					OGDEN II	デー
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
0	onrefundable credits. See instructions			3a	\$	0.
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	stimated tax payments made. Include any prior year overp			3b	\$	0.
c B	alance due. Subtract line 3b from line 3a. Include your pa	yment wi	th this form, if required,			
b	y using EFTPS (Electronic Federal Tax Payment System)	See instru	ictions.	3c	\$	0.
	n. If you are going to make an electronic fund withdrawal v			orm 8879	EO for payment ins	structions

COPY

Form 8	868 (Rev 1:2012)					Page 2
	u are filing for an Additional (Not Automatic) 3-Month Ext	ension, c	omplete only Part II and check this	box		▶ X
	Only complete Part II if you have already been granted an a				368.	
	u are filing for an Automatic 3-Month Extension, complet					
Part	II Additional (Not Automatic) 3-Month Ex	ctension	of Time. Only file the origin	al (no co	pies need	ded).
			Enter filer's	identifying	number, s	ee instructions
Туре с	Name of exempt organization or other filer, see instruc	ctions				number (EIN) or
print						
File by th	Air & Waste Management Assoc	ciatio	on	\mathbf{x}	25-604	18614
due date	Number, street, and room or suite no. If a P.O. box, se			Social sec	urity numbe	r (SSN)
filing you return Si		Gate	eway Center, No. 3			
เกรชนตรแ	Ons City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions			
	Pittsburgh, PA 15222-1435	-				
Enter t	he Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
			,	•	•	
Applic	ation	Return	Application			Return
ls For		Code	Is For			Code
Form 9		01				
	990-BL	02	Form 1041-A			08
	990-EZ	01	Form 4720	***************************************		09
	990-PF	04	Form 5227			10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	990-T (trust other than above)	06	Form 8870			12
	! Do not complete Part II if you were not already granted	l an autor		viously file	d Form 886	8.
	W.G. Braun					
• Th	e books are in the care of > 420 Fort Duque	sne B	oulevard - Pittsbu	rah.	PA 152	22-1435
	ephone No > 412-232-3444		FAX No ▶			
	he organization does not have an office or place of busines	s in the U		· ·		
	his is for a Group Return, enter the organization's four digit			If this is for	the whole	aroup, check this
box		_	ach a list with the names and ElNs of			
			ber 15, 2012			
5	For calendar year 2011, or other tax year beginning		, and endi	na		
6	If the tax year entered in line 5 is for less than 12 months,	check reas		Final r	etum	
•	Change in accounting period					
7	State in detail why you need the extension					
•	Additional time is needed to	prepa	re a complete and	accur	ate re	turn.
		.H				
		•				
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720	or 6069.	enter the tentative tax, less any			
	nonrefundable credits See instructions	,,		8a	\$	0.
ь	If this application is for Form 990-PF, 990-T, 4720, or 6069	anter an	v refundable credits and estimated			
~	tax payments made. Include any prior year overpayment a		•			
	previously with Form 8868		a orden and any amboni para	8b	s	0.
С	Balance due. Subtract line 8b from line 8a Include your p	avment w	oth this form, if required, by using			
·	EFTPS (Electronic Federal Tax Payment System). See inst	-		8c	s	0.
			ist be completed for Part II	 _	·	
[]nde	r penalties of perjury, I declare that I have examined this form, inclu		·	-	if my knowle	dae and belief.
it is tr	ue, correct, and complete, and that I am authorized to prepare this	form.	The state of the s			
Siona	iture when s. Smit	CZ	DA -	Date	× 1.	14-12

Form 8868 (Rev 1-2012)