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Extended to November 15, 2016

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

AF	or the	e 2015 calendar year, or tax year beginning and ending	1		_	
В с	heck if	C Name of organization		D Employer ident	ificati	ion number
-	Addre:	Air & Waste Management Association	-	-		
	Name chang			25-	604	8614
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	E Telephone num		
	Final	420 Fort Duguegne Blad One Category 3rd		(41		232-3444
	termin ated			G Gross receipts \$		2,830,875.
	Amend			H(a) Is this a group	retur	n
	Applic	F Name and address of principal officer Stephanie Glyptis		for subordinat	es?	Yes X No
	pendir	game as C above		H(b) Are all subordinate	s includ	ted? Yes No
ΙŢ	ax ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	if "No," attach	a list	. (see instructions)
		te: > www.awma.org		H(c) Group exemp	tion n	umber 🕨
	orm of	organization: X Corporation Trust Association Other LY Summary	Year o	f formation: 1952	M S	tate of legal domicile: PA
		Briefly describe the organization's mission or most significant activities. The miss		of Air &	TAT =	ate
Governance		Management Association is to assist in the p				
nar	i .	Check this box if the organization discontinued its operations or disposed of r				
ver		Number of voting members of the governing body (Part VI, line 1a)			3	17
	}		٠, ري	· · · · · · · · · · · · · · · · · · ·	4	17
Activities &	i .	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		·	5	17
itie		Total number of volunteers (estimate if necessary)	V 2	_ `` -	<u>Б</u>	500
ţ		Total unrelated business revenue from Part VIII, column (C), line 12	¥ Zj.		a	97,012.
Ă	ì	Net unrelated business taxable income from Form 990-T, line 34			b	0.
_		The difference business taxable income north of the ost 1, into 64	T	Prior Year	-	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,105,178		961,715.
uge	i i	Program service revenue (Part VIII, line 2g)		2,015,467		1,716,516.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		83,614	_	63,308.
æ	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		03,011		0.
	ļ	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,204,259		2,741,539
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	 	33,000	$\overline{}$	33,000.
	l	Benefits paid to or for members (Part IX, column (A), line 4)				0.
ý	ı	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,223,905		803,630.
Expenses	l	Professional fundraising fees (Part IX, column (A), line 11e)		C	_	0.
be	l	Total fundraising expenses (Part IX, column (D), line 25) > 84,408.				
Ω	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,342,797	•	1,742,134
	ſ	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,599,702		2,578,764
o	19	Revenue less expenses. Subtract line 18 from line 12		<395,443	•>	162,775.
Net Assets or Fund Balances			Beg	inning of Current Ye	ır	End of Year
sets alan	20	Total assets (Part X, line 16)		1,499,723		1,511,343.
## \$ *	21	Total liabilities (Part X, line 26)		670,691		579,639
<u> 환</u>	22	Net assets or fund balances. Subtract line 21 from line 20		829,032		931,704.
Pa	art II	Signature Block				
i Unde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and st	tateme	ents, and to the best o	f my kı	nowledge and belief, it is
true,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer i	has any knowledge.		
×.		Daphanie Melyptis			- /	4-16
् Sigr	n	Signature of Officer		Date		
Her	e	Stephanie Glyptis, Executive Director				
·		Type or print name and title		ata la .	_	II DTIN
	_	Print/Type preparer's name Preparer's signature	ı	ate Check	Ĺ	PTIN
Paid		JOEL S. KUNKEL CHA (PA		///0//6 self-err		P00100507
	arer	Firm's name HERBEIN + COMPANY, INC.		Firm's EIN		23-2415973
Use	Only	Firm's address 530 PELLIS RD, STE 7000		_		004 5050
		GREENSBURG, PA 15601-4585		Phone no. 7	24-	-834-7053
May	the I	RS discuss this return with the preparer shown above? (see instructions)				X Yes No

Form **990** (2015)

Form 990 (2015) Air & Waste Management Association 25-6048614 Part IV | Checklist of Required Schedules No Yes 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 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Xpublic office? If "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000

16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

14a Did the organization maintain an office, employees, or agents outside of the United States?

or more? If "Yes," complete Schedule F, Parts I and IV

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

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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

X

X

Х

X

X

14a

14b

15

16

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18

Part IV	Checklist	of Requi	red Schedules	(continued)
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			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		-	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
_	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	-	_
		240		
ZJa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		x
_		25a		
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	051		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		i	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			1,75
	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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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, Part II, III, or IV, and	}	1	
	Part V, line 1	34		_X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			İ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		_x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	1
				(2015)
				, -,

Form 990 (2015) Air & Waste Management Association Part V Statements Regarding Other IRS Filings and Tax Compliance

Senier the number reported in Box 3 of Form 1095, Enter 0, 4 not applicable 19 19 19 19 19 19 19 1	-	Check if Schedule O contains a response or note to any line in this Part V						
16 Enter the number reported in Box 3 of Form 1096. Enter C-I not applicable Enter the number of Forms WQ3 (included in the 1a. Enter C-I not applicable Botton the number of Forms WQ3 (included in the 1a. Enter C-I not applicable Botton (included in the 1a. Enter C-I not applicable Botton (included in the 1a. Enter C-I not applicable Botton (included in the calendar year ending with or within the year covered by this mention. 22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this without an explanation of the second of the calendar year ending with or within the year covered by this without an explanation of the second of the calendar year ending with or within the year covered by this without an explanation of the second of the s				Vac	No			
be Enter the number of Forms W.SG included in line 1s. Enter 2-6 in on applicable □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W.S. Transmittal of Wage and Tax Statements, he do to the calendar year and may be reported on the 2st and 2st as greater than 250, you may be required to 4e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 A lary time during the calendar year, did the organization have an interest in, or a signature or other during the calendar year, did the organization have an interest in, or a signature or other during the calendar year, did the organization have an interest in, or a signature or other during the calendar year, did the organization have an interest in, or a signature or other during the calendar year, did the organization have an interest in, or a signature or other during the calendar year, did the organization have an interest in, or a signature or other during the calendar year, did the organization have an interest in, or a signature or other during the signature of the organization that was or as a party to a prohibation at any time during the tax year? 5a X S bid any taxable party northy the organization that was or as a party to a prohibation at any time during the tax year? 5b If Yes, 1 on he Sa of Sb, did the organization the Form 8886 17? 6c If Yes, 1 on he Sa of Sb, did the organization the signature of the signature	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	NO			
Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with making without with the without payments to rule with a series of the complex of the	b							
Sea from the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required fideral employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see institutions) If it is least one is reported on line 2a, did the organization file all required fideral employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see institutions) If it is an interest is a sum of lines 1a and 2a is greater than 250, you may be required to e-file (see institutions) If it is an interest is a sum of line 1a and 2a is greater than 250, you may be required to e-file (see institutions) If it is an interest is a sum of line 1a and 2a is greater than 250, you may be required to e-file (see institutions) If it is an interest is a sum of line 1a and 2a is greater than 250, you may be required to e-file (see institutions) If it is an interest is a sum of line 1a and 2a is greater than 250, you may be required to e-file (see institutions) If it is an interest is a sum of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account) over, a financial account of the file of the file of the organization and party of a prohibited tax shelter transaction? If it is a sum of the file of the organization is form 8866.17 If it is a sum of the sum of the organization is form 8866.17 If it is a sum of the sum of t								
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field for the calendary year ending with or within the year covered by this return 2a	2a							
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filled a form 990.7 for this year? If "No," to line 3b, proude an explanation in Schedule O 1b If "Yes," has it filled a form 990.7 for this year? If "No," to line 3b, proude an explanation in Schedule O 1b If "Yes," has it filled a form 990.7 for this year? If "No," to line 3b, proude an explanation in Schedule O 1b If "Yes," the intert the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b Uf "Yes," the line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If "Yes," to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," to line organization seems a payment in exasts of \$75 made party as a contribution or gross and services provided? 7d If "Yes," indicate the number of Forms 8282 filed during the year 7d If "Yes," indicate the number of Forms 8282 filed during the year 9 Uniform the form 8282? 9 Uniform the organization has a contribution of oras, boats, anglines, or other viscles, did the organization file a Form 1089.C' 7b If "Yes								
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	b		2h	x				
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 4a 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, secunities account, or other financial accounts (FBAR). 5 en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5 en instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5 a Was the organization that it was or is a party to a prohibited tax shelter transaction? 5 b V*s, 'to line 5a or 5b, did the organization hile Form 8886*T? 6 Does the organization include with every solicitation and party to a prohibited tax shelter transaction? 5 b If *Yes, 'to line 5a or 5b, did the organization include with every solicitation and party for goods and services provided to the party or organization neutrol include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 organizations that may receive deductrible contributions under section 170(c). 1 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the peyor? 1 Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the peyor? 2 b Uf the organization received a contribution of the value of the goods or services provided? 2 b Uf the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 3 b Uf the organization received a contribution of cars, boats, arriplanes, or other vehicles, did the organization file Form 1980 C? 4 b Sponsoring organization make any taxable distributions under section 4966? 5 b Uf the organization make any taxable distributions under section 4966? 6 cross income from them som		•						
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule 0 All any time during the calendary 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 accounts (FBAF). **Be in the provided of the foreign country.** **Be in the provided of the organization aparty to a prohibited tax shelter transaction at any time during the tax year? **Be in the provided of the organization aparty to a prohibited tax shelter transaction at any time during the tax year? **Be in the provided of the organization aparty to a prohibited tax shelter transaction?** **Be in the provided of the organization aparty to a prohibited tax shelter transaction?** **Be in the provided of the organization aparty to a prohibited tax shelter transaction?** **Be in the provided of the organization shelt are normally greater than \$100,000, and did the organization shelt are normally greater than \$100,000, and did the organization shelt are yeared.** **Be in the organizations that may receive deductible contributions under section 170(c).** **Be in the organization shelt are yeared eductible contributions under section 170(c).** **Be in the organization receive aparted in exass \$155 made parity as a contribution of parity as a contribution of \$155 made parity as a contribution of parity as a contribution of the value of the goods or services provided?* **Be in the organization shelt and parity in the property of the walk of the organization received a contribution of qualified metilectual property, did the organization flowed the parity and	За		3a	х				
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thrancial account in a foreign country (such as a bank account, securities account, or other financial account)? b f "Yes," enter the name of the foreign country. ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See in organization a party to a prohibited tax shelter transaction? See in organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 1 organizations that may receive deductible as charitable contributions? 2 organizations that may receive deductible contributions under section 170(c). 3 of the enganization stat may receive deductible contributions under section 170(c). 4 organizations that may receive deductible contributions under section 170(c). 5 organizations that may receive deductible contributions under section 170(c). 5 organizations that may receive deductible contributions under section 170(c). 5 organizations that may receive deductible end of the goods or services provided? 7 organizations that may receive deductible the property of growing the growing organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 6 organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 organization received any funds, directly or indirectly, to may be property did the organization file a Form 1098-C? 8 organization received any funds	4a							
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 12a 12a 12a 13a 13b 13b 13c								
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X								
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13b Interest 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 Interest the amount of reserves on hand 13c Interest the amount of reserves any payments for indoor tanning services during the tax year? 14a X								
amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X								
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X								
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X	12a		12a					
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13b 13c 14a X		4 1 1						
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand 13b 13c 14a X		• • • • • • • • • • • • • • • • • • • •						
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 c Enter the amount of reserves on hand 13c 14a X	а		13a					
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 c Enter the amount of reserves on hand 13b 13c 14a X								
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	b							
c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X								
	С							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					

Form 990 (2015) Air & Waste Management Association 25-6048614 Page 6
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 or note to any line in this Part VI					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	<u>1a</u>	17				
	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.	1					
þ	Enter the number of voting members included in line 1a, above, who are independent	_1b	17				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?			2		<u> X</u>	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	ct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?			_3_		<u>X</u>	
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	4		<u>X</u> _	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		_5_		_X_	
6	Did the organization have members or stockholders?			6_	X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or				
	more members of the governing body?		•	7a	X		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, 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	ar by th	ie following:				
a	The governing body?		•	8a	X		
b	Each committee with authority to act on behalf of the governing body?			8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the				
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		- 0(-)	9	X		
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenu	e Code.)		V		
10-	Did the example to boul chapters branches or efflicted?			100	Yes X	No	
10a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such control of the organization have written policies.	hantar	a offiliatos	10a	_A_		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	παρισι	s, amilates,	10b	x		
115	Has the organization provided a complete copy of this Form 990 to all members of its governing body	dy befo	 ore filing the form?	11a	X		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<i>a</i> y 0010	or ming the form.				
12a							
b.	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	officts?	12a 12b	X		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If						
·	in Schedule O how this was done	, oo, a	00000	12c	x		
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 approve	al by i	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				ĺ		
а	The organization's CEO, Executive Director, or top management official			15a	х		
	Other officers or key employees of the organization	•	•	15b	X	_	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a				
	taxable entity during the year?			16a	l	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	anızatıc	n's				
	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 (Sec	tion 501(c)(3)s only)	avaılat	ole		
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request Other (explain	n ın Sc	hedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, an	d fınan	icial		
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks a	nd records. ►	_			
	W.G. Braun - 412-232-3444						
	420 Fort Duguesne Boulevard, Pittsburgh, PA 1522	2-14	135				

Form 990 (2015)	Air &	Waste M	<u>fanagement</u>	Association	25-6048614	Page 7
Part VII Compensati	on of Officer	s. Directo	rs. Trustees. K	ey Employees, Highe	st Compensated	

Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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 directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	Uige 	u IIZa		C)	iibei	isal	(D)	(E)	(F)
Name and Title	Average hours per week	box offic	not cl	Pos heck ss pe	ition more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Dallas Baker	20.00							_		
President		X		X	_			0.	0.	0.
(2) Brad Waldron	10.00								_	_
President Elect		X		X		<u> </u>		0.	0.	0,
(3) Michael Miller	10.00									
Immediate Past President _		X		X	ļ	_	<u> </u>	0.	0.	0.
(4) Diane Freeman	5.00									
Vice President		Х		X		<u> </u>		0.	0.	0.
(5) Harry Klodowski	5.00									_
Director		X			<u> </u>			0.	0.	0 .
(6) Carol Clinton	5.00									•
Director		X		_				0.	0.	0.
(7) Sara Head	5.00				Ì					
Director		X			ļ	-	<u> </u>	0.	0.	0.
(8) Jayme Graham	5.00									•
Director		X				-	<u> </u>	0.	0.	0.
(9) Kim Marcus	5.00									
Vice President		X		X			<u> </u>	0.	0.	0.
(10) Chris Nelson	5.00				1	1				
Vice President		X		X				0.	0.	0 .
(11) Brent Nixon	5.00									•
Director		X			-		<u> </u>	0.	0.	0
(12) Jennifer Tullier	5.00				ł		i		_	
Director	<u> </u>	X			-	-	<u> </u>	0.	0.	0
(13) Nancy Meilahn Fowler	5.00				Į		l			
Treasurer	F 00	X		X	-	-		0.	0.	0 .
(14) Michele Gehring	5.00	٠,,						_	_	_
Director		X			-	-		0.	0.	0
(15) Tony Ward	5.00	7.5			}				_	_
Director	E 00	X	\vdash		┢	-	┢╌	0.	0.	0 .
(16) Jack Broadbent	5.00	₹.				1		_	_	^
Director	F 00	X	-	-	-	-		0.	0.	0.
(17) Jordan Haywood	5.00	17					1			_
<u>Director</u> 532007 12-16-15		X		L	<u> </u>		<u> </u>	0.	0.	0 o Form 990 (2015

Air & Waste Management Association

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Form **990** (2015)

Form 990 (2015)

		Check if Schedule O cont	ains a response	or note to any lin	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
اج ق		Membership dues	1b	720,549.	TO THE ST			
ا څځ	С		1c					
まる	d	Related organizations	1d					
S,E		Government grants (contribut	ions) 1e					
P S		All other contributions, gifts, gran	· -					
돌		similar amounts not included above		241,166.	,			
ĘÒ	q	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total, Add lines 1a-1f			961,715.			_
				Business Code				
e l	2 a	Continuing educ	ation p	900099	1,301,569.	1,301,569.		
ه ڲٙ	b	Publications		511120	414,947.	317,935.	97,012.	
SE	c							
eve eve	d							
Program Service Revenue	е							
<u>. </u>	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<u> </u>	1,716,516.			
	3	investment income (including	dividends, inter	est, and				
		other similar amounts)		. •	66,878.			66,878.
	4	Income from investment of ta	x-exempt bond ;	oroceeds >	<u> </u>			
l	5	Royalties		<u> </u>				
			(ı) Real	(ıı) Personal		}		}
	6 a	Gross rents						
	þ	Less rental expenses				[
1		Rental income or (loss)	L	<u> </u>		!		
	d	Net rental income or (loss)		<u> </u>		ļ		
•	7 a	Gross amount from sales of	(i) Securities	(II) Other				
ļ		assets other than inventory	85,766.	\				
]	b	Less: cost or other basis]
l		and sales expenses	89,336					
i	_	Gain or (loss)	<3,570	·>	2 2	1		2 550
1		Net gain or (loss)			<3,570.	P		<3,570.>
e l	8 a	Gross income from fundraisin	• ,					
len /en		including \$				1		
Other Reven		contributions reported on line						
Ē		Part IV, line 18			-			
5		Less: direct expenses		· [ĺ			
		Net income or (loss) from fund	_			 		
1	9 a	Gross income from gaming ac		1	}	ł		}
	_	Part IV, line 19	a		-			
]		Less: direct expenses	t	` <u> </u>	-]
		Net income or (loss) from gam	-	· ·		<u> </u>		
	то а	Gross sales of inventory, less		!				
ĺ		and allowances	a		1			İ
		Less: cost of goods sold	t	`				
}	<u>c</u>	Net income or (loss) from sale		Business Cade	 	 		
}	11 a	Miscellaneous Revenu		Business Code				
	ii a b				 	 		
						-		
	ر د	All other revenue			 	 		
1		Total. Add lines 11a-11d				 		
	12	Total revenue. See instructions.	•		2 741 530	1,619,504.	97,012	63,308.
	<u></u>	. Juli 10 toliue, Oce ilistructions.			<u> </u>	<u> </u>		22,300.

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	·· ···						
Check if Schedule O contains a response or note to any line in this Part IX											
	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 domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic										
	individuals See Part IV, line 22	25,500.	25,500.								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16	7,500.	7,500.								
4	Benefits paid to or for members				· <u>·</u>						
5	Compensation of current officers, directors,										
	trustees, and key employees	199,097.	29,864.	169,233.							
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	477,401.	428,924.	48,477.							
8	Pension plan accruals and contributions (include	, ,_,		4 225							
_	section 401(k) and 403(b) employer contributions)	4,451.	3,116.	1,335.							
9	Other employee benefits	75,922.	67,906.	8,016.							
10	Payroll taxes	46,759.	32,731.	14,028.							
11	Fees for services (non-employees)	216 007	221 260	04 000							
а	Management .	316,097.	221,268.	94,829.							
b	Legal .	14 205		14,385.							
С.	Accounting .	14,385.		14,303.							
d	Lobbying			 							
e	Professional fundraising services. See Part IV, line 17										
1	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,	 									
g	column (A) amount, list line 11g expenses on Sch 0.)	340,544.	245,673.	10,463.	84,408.						
12	Advertising and promotion	1,261.	1,261.		04/4000						
13	Office expenses	185,515.	163,511.	22,004.							
14	Information technology	24,326.		24,326.							
15	Royalties	877.	877.								
16	Occupancy	122,929.	86,050.	36,879.							
17	Travel	62,955.	32,742.	30,213.							
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	394,295.	350,035.	44,260.							
20	Interest .	8,014.		8,014.							
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	77,167.	54,017.								
23	Insurance	36,077.	14,696.	21,381.							
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 O.)										
а	Miscellaneous	86,264.	17,594.	68,670.							
b	Printing and publicatio	51,501.	42,715.								
c	Professional developmen	11,141.	7,085.								
d		8,786.	8,786.								
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	2,578,764.	1,841,851.	652,505.	84,408.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.			1							
	Check here if following SOP 98-2 (ASC 958-720)	<u></u>	<u> </u>		- 000						

220,206.

185,631.

26,177.

39,226.

123,590.

916,513.

160,470.

363,939.

<u>55,230.</u>

631.

579,639.

931,073.

30

31

32

829,032.

499,723

Air & Waste Management Association Form 990 (2015) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 92,257. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 169,437. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 7 29,073. 8 inventories for sale or use 49,134. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 627,840. 10a 200,757. 504,250 b Less: accumulated depreciation 10b 959,065. Investments - publicly traded securities 11 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 15 1,499,723. 1,511,343. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 183,372. 17 17 18 Grants payable 18 412,655. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 74,664. Schedule D 670,691. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 228,002. 27 Unrestricted net assets 601,030. 28 28 Temporarily restricted net assets Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

,511,343. Form **990** (2015)

931,704.

30

31

32

33

	990 (2015) Air & Waste Management Association	<u> 25-604</u>	8614	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	_ 	<u>-</u>		
	<u></u>		2 74		20
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	2,74		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,57		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>75.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>32.</u>
5	Net unrealized gains (losses) on investments	5	<01	J , L	<u>03.</u> >
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		0.0		
_	column (B))	10	93	1,7	<u>04.</u>
Pa	rt XII Financial Statements and Reporting				C==
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1 1		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
p	Were the organization's financial statements audited by an independent accountant?		2b	_X_	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both:		1 1		
	X Separate basis Consolidated basis Both consolidated and separate basis		1		
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1 1		
	review, or compilation of its financial statements and selection of an independent accountant?	-	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	1 1]
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired audit			ł
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		L
			Form	990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Air & Waste Management Association 25-6048614

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. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (vi) Amount of (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary listed in your (described on lines 1-9 other support (see organization support (see governing document? above (see instructions)) instructions) instructions) No Yes

Schedule A (Form 990 or 990 EZ) 2015 Air & Waste Management Association 25-6048614 Page 2

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	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			İ			
	the organization without charge				T.		
4	Total. Add lines 1 through 3					 	
	The portion of total contributions		·				
9	by each person (other than a					i i	
	governmental unit or publicly						
	supported organization) included			j			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			1			
_	,,,						
	Public support. Subtract line 5 from line 4			<u> </u>	<u>, , </u>		
				1	4 13 004 4	4) 0045	40 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4					 	
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		<u> </u>				
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				ļ <u>.</u>	ļ	
11	Total support. Add lines 7 through 10			<u> </u>		ļ <u>,</u>	
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
_	organization, check this box and stor	here			·		▶Ĺ
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (line 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2015. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n .			. ▶□
b	33 1/3% support test - 2014. If the	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check the	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			. ▶□
17a	10% -facts-and-circumstances tes	t - 2015. If the org	ganızation dıd not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	this box and stop i	here. Explain in Pa	art VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		. ▶□
b	10% -facts-and-circumstances tes	_	•			17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization		•	•			ıs 🕨 🗔
	The real control of the organization			,, <u>,,</u> , 1,			

(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

Section A. Public Support	elow, please comp	olete Part II)							
	(-) 0011	(1.) 0010	() 0010	4 0 004 4	4 > 0045				
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
1 Gifts, grants, contributions, and									
membership-fees received. (Do not include any "unusual grants.")	1195883.	1117777.	1092519.	1105178.	961,715.	5473072.			
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	11330031		1001101	11031700		3 2 7 3 0 7 2 2			
3 Gross receipts from activities that									
are not an unrelated trade or bus-									
iness under section 513	1870627.	2012995.	1673722.	1907223.	1619504.	9084071.			
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	22555	2422	0.000						
6 Total. Add lines 1 through 5	3066510.	3130772.	2766241.	3012401.	2581219.	14557143.			
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.			
b Amounts included on lines 2 and 3 received						· ·			
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					736,583.	736,583.			
c Add lines 7a and 7b					736,583.				
8 Public support. (Subtract line 7c from line 6)		_				13820560.			
Section B. Total Support					•				
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total			
9 Amounts from line 6	3066510.	3130772.	2766241.	3012401.	2581219.	14557143.			
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	62,830.	55,737.	63,588.	87,890.	66,878.	336,923.			
b Unrelated business taxable income									
(less section 511 taxes) from businesses					•				
acquired after June 30, 1975		144,106.	83,851.	108,244.					
c Add lines 10a and 10b. 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	62,830.	199,843.	147,439.	196,134.	163,890.	770,136.			
12 Other income. Do not include gain or loss from the sale of capital	1 054		200			4 4-4			
assets (Explain in Part VI.)	1,954.	88.	<389.		0545400	1,653.			
13 Total support. (Add lines 9, 10c, 11, and 12)	3131294.	3330703.	2913291.	3208535.	•	15328932.			
14 First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organi	zation,			
check this box and stop here Section C. Computation of Publ	ic Support Pe	rcentage			- · · - ·				
15 Public support percentage for 2015 (saluma (fl)	·	45	90.16 %			
=	• • • • • • • • • • • • • • • • • • • •	-	olumin (I))	•	15				
Section D. Computation of Inve					16	95.34 %			
		·· ·	no 13 column (fl)		47	5.02 %			
· · · · · · · · · · · · · · · · · · ·									
19a 33 1/3% support tests - 2015. If the	· ·	•	on line 14, and line	15 is more than 9	18 and line				
more than 33 1/3%, check this box a						T is not ►X			
b 33 1/3% support tests - 2014. If the	=	-	· · · · · · ·			• •			
line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The orga	anızatıon qualıfies	as a publicly supp	orted organization	▶ 🗀			
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	ns box and see ins	structions				

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	A. AII	Supporting	Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
•		
2		
3a		
3b		
3c		
4a		
AL.		
4b		
4.5		
4c	-	
5a		
5b 5c		
30		
6		
7		
<u>'</u>		
8		
9a		
9b		
9c		
10a		
10b	<u> </u>	

11. Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the operating body or all supported organization? b A family member of a person described in (g) above? c A 33% controlled entity of a person described in (g) et (b) above? if 'Yes' to a, b, or c, provide detail in Pert Vi. 11b.		edule A (Form 990 or 990-EZ) 2015 Air & Waste Management Association 25 rt IV Supporting Organizations (continued)	-604861	4 Pa	age 5
11 Has the organization accepted a gift or contribution from any of the following persons? 2 A Person who directly or indicately controls, either abone or together with persons described in (b) and (c) below, the governing body of a supported organization? 2 A 39% controlled entity of a person described in (b) or (b) above? 3 A 39% controlled entity of a person described in (b) or (b) above? 4 A 39% controlled entity of a person described in (b) or (b) above? 5 A 39% controlled entity of a person described in (b) or (b) above? 1 Did the directors, trustees, or memberahip of one or more supported organizations have the power to regulative appoint or elect at least a majority of the organization is directors or inustees at all times during the tax year? Why. directive her Part V. how the supported organization is flatforwly operated, supervised, or controlled the organization's activities. If the organization directors or inustees at all times during the tax year. 2 Did the organization's activities. If the organization directors or inustees at all times during the tax year. 3 Did the organization's activities. If the organization directors or inustees at all times during the tax year. 4 Did the organization's activities. If the organization directors or inustees are all times during the tax year. 5 Did the organization operated for the benefit of any supported organization? If "Yes," exclaim in Part V how the providing such benefit carried out the purposes of the supported organization plant the supported organization of the supported organization of the supported organization of the supported organization or the supported organization or inuspeed of each of the organization was supported organization (e)? If "No," describe in Part V how control or malegement of the supported organization was vested in the same persons that controlled or managed the supported organization is supported organization or the controlled or managed the supported organization or supported organization or supported organizatio	_			Yes	No
a A person who directly or indirectly controls, either alone or fogether with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? c A 35% controlled entitly of a person described in (a) or (b) above? If "yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1. Did the directors, truiteless, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization detectors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) affectively operated, supervised, or controlled the organization is activates. If the organization organization is activates in the organization and more than one supported organization. describe how the powers to appoint and/or remove directions or trustees were allocated among the supported organization specified for the beself of any supported organization organization organization organization organization specified for the beself of any supported organization organization organization and the purposes of the supported organization organization organization organization organization and the purposes of the supported organization (s) that operated, supported organizations 1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting Organizations 1. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization organization organization and (to copies of the organization organization) and the supported organization organization and the supported organization organization and the supported organization and the supported organization and the supported organizati	11	Has the organization accepted a gift or contribution from any of the following persons?			
below, the governing body of a supported organization? A faminy member of a person described in (a) or (b) above? if "Yes" to a, b, or c, provide detail in Pert W. 11b Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? if "No," describe in Pert V in the who the supported organization's directors or trustees at all times during the tax year? if "No," describe in Pert V in the who the supported organization and the controlled organization and what conditions or restrictions, if any applied to such nowers during the tax year? 2 Did the organization operate for the benefit of any supported organization or the thront organization and what conditions or restrictions, if any, applied to such nowers during the tax year? 2 Did the organization operate for the benefit of any supported organization or the thront organization or trustees were allocated among the supported organization or perticularly in the purposes of the supported organization or the throntogen organization or the throntogen organization or the throntogen or throntogen (a) throntogen or throntogen or trustees of each of the organization's directors or trustees were allocated among the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," disease in Pert V in the control or management of the supporting organization(s)? If "No," disease in Pert V in the control or management of the supporting organization organization(s)? If "No," disease in Pert V in the control organization o	а	· ·	į		
b A family member of a person descended in (a) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year If I "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year If I "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year If I "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year If I "No," describe in Part VI how the supported organization's describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove decisions or trustees were allocated among the supported organization organizat	_		11a		
2. A 35% controlled entity of a person described in (a) or (b) above? If 'Yea' to a, b, or c, provide detail in Part W. Section B. Type I Supporting Organizations 1. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year' if 'No,' describe in Part V in how the supported organization's directors or trustees at all times during the tax year' or orthogeneous and what conditions or restrictions. If any applied to such powers during the sax year organization and what conditions or restrictions. If any applied to such powers during the tax year organization plant organization shall write the organization operate for the benefit of any supported organization other than the supported organization shall not provided the supported organization (shift organization) and the purposes of the supported organization (shift organization) and the purposes of the supported organization (shift organization) and the purposes of the supported organization or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's ferectors or trustees during the tax year also a majority of the directors or trustees during the supported organization or trustees of each of the organization and the supported organization organization than the supported organization organization and the supported organization organization than the supported organization organization than the supported organization organization and the supported organization and the organization and the organization	h				
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trustees of each of the supported organizations? Provide details in <i>Part VI</i> . b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3	Parent of Supported Organizations. Answer (a) and (b) below.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		}	1
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		trustees of each of the supported organizations? Provide details in Part VI.	3a	<u></u>	<u> </u>
	b				
			3b		<u> </u>

	dule A (Form 990 or 990 EZ) 2015 Air & Waste Management			25-6048614 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			tructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2	-	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	_ 6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion β - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)		_ ···	
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI).			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	_ 4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integra	ited Type III supporting o	rganization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Sche Pa i	dule A (Form 990 or 990-EZ) 2015 Air & Waste Int V Type III Non-Functionally Integrated 50	Management Asso 9(a)(3) Supporting Orga	ciation 2 anizations (continued)	25-6048614 Page 7
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	s	
4_	Amounts paid to acquire exempt-use assets	-		-
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	•	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2015 from Section C, line 6		<u> </u>	
_10	Line 8 amount divided by Line 9 amount			<u> </u>
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
_ <u>b</u>				
c				
<u>d</u>	From 2013			
e	From 2014			
f	Total of lines 3a through e	<u> </u>		
9	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			<u> </u>
	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		·	
4	Distributions for 2015 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			<u> </u>
	Applied to 2015 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	1		
	instructions)	 		
7	Excess distributions carryover to 2016. Add lines 3 ₁ and 4c.			
8	Breakdown of line 7 ⁻			
a				
b				
c	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A	(Form 990 or 990-E	Z) 2015 Air	<u>& Waste</u>	<u>Management</u>	<u> Association</u>	25-6048614 Page 8
Part VI	Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	lines 1, 2, 3b, 3d tion D, lines 2 an	c, 4b, 4c, 5a, 6, d 3; Part IV, Se	9a, 9b, 9c, 11a, 11b, a ection E, lines 1c, 2a, 2	y Part II, line 10; Part II, line and 11c, Part IV, Section B, I b, 3a and 3b, Part V, line 1; I complete this part for any a	lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	(See instructions)					
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

organization answered "Yes" on Form 990, Part IV, Ine 8 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of prants from (during year) 5 Did the organization if year and I donors and donor advisors in writing that the assets held in donor advised funds are the organization's exclusive legisl control? 9 Did the organization if year and I donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legisl control? 9 Did the organization in grantees, donors, and donor advisors in writing that at grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimentation properties of the donor or donor advisor, or for any other purpose conferring imperimentation provides the organization of check all that apply. 1 Proseservation or fland for public use (a.g., recreation or education) Preservation of a historically important liand area Protection of natural habitat Preservation or fland for public use (a.g., recreation or education) Preservation of a conservation easement or preservation of a conservation easement or preservation easement or preservation or a conservation easement or preservation easement or a conservation easement or a conservation easement or a conservation easement or a conservation easement is not explain that apply. 1 Total number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 2 Total number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easements is located Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year No	Pa	t I Organizations Maintaining Donor Advise			or Accou	Ints. Complete if the
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treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		the text of the footnote to its financial statements that describ	bes these items.			
relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	ь	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its	revenue statement a	nd balance	sheet works of art, historical
(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		treasures, or other similar assets held for public exhibition, ed	lucation, or research i	furtherance of publi	c service, p	provide the following amounts
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 		relating to these items:		·		_
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 					> :	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:					>	\$
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	2	• •	asures, or other similar	assets for financial of		
					. , .	
a Revenue included on Form 990, Part VIII, line I	а	Revenue included on Form 990, Part VIII, line 1	,		>	\$

b Assets included in Form 990, Part X

	t III Organizations Maintaining C	collections of Ar				25-60			age Z
							-		
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	tollowing that are a	significant	use of its	Collection	ııtem	S
,	(check all that apply)								
a	Public exhibition	d		hange programs					
b	Scholarly research	е	Other						
C	Preservation for future generations								_
- 4	Provide a description of the organization's co			=		ose in Pari	t XIII		
5	During the year, did the organization solicit o				ar assets		٦		٦
Do	to be sold to raise funds rather than to be ma						<u> Yes</u>		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organization	n answered "Yes" o	on Form 990), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	an or other intermed	ary for contribution	s or other assets no	ot included		_		_
	on Form 990, Part X?					. \square	Yes] No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table.					_	
							Amount		
c	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year			•	1e				
f	Ending balance				1f		-		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial account lial	oility?		Yes		No
	If "Yes," explain the arrangement in Part XIII.				-]
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	213,330.	205,568.	146,820		99 441.			001.
þ	Contributions			, ,					
c	Net investment earnings, gains, and losses	<4.035.	25,389,	63,304		47.379.			 :354.>
d	Grants or scholarships	28,378.	17,627,	4,556					794,
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses				 				
g	End of year balance	180,917.	213,330.	205,568	1	46.820.		99	441.
2	Provide the estimated percentage of the curr				ш			,	
a	Board designated or quasi-endowment	,	%	,,,					
b	Permanent endowment	%	- '						
G	Temporarily restricted endowment ▶	%							
Ť	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	•	ation that are held a	nd administered for	the organiz	ation			
	by:	•			3		Γ	Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations	• ••	• •				3a(ii)		X
ь	If "Yes" on line 3a(ii), are the related organiza	 itions listed as requir	ed on Schedule R2	•			3b		
4	Describe in Part XIII the intended uses of the			•		•	_ 00		
Par	t VI Land, Buildings, and Equipm		THIRD TO TAIN GO.						
	Complete if the organization answere		Part IV line 11a S	See Form 990 Part 1	X line 10				
	Description of property	(a) Cost or of			Accumulate	ed -	(d) Bool	vəlii	———
	bescription of property	basis (investm	', '	1 , ,	epreciation	,	(4) 500	valu	0
1~	Land		, 2200						
b	Buildings								
	Leasehold improvements		1 2	2,433.	17,2	28		5.2	05.
ن ہ	Equipment			5,407.	487,0				85.
	Other		- 00	J, 3010	- 207,0			<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
	. Add lines 1a through 1e. (Column (d) must e	gual Form 090 Part	Y column (R) line 1	(Oc.)			12	3 5	90.

(a) Description of liability (b) Book value

(5) 50011 741145
55,230.
▶ 55,230.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	dule D (Form 990) 2015 Air & Waste Management As			5048614 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	•	r Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a		
1	Total revenue, gains, and other support per audited financial statements		1	2,681,436.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1-1 -60 10	2	
a	Net unrealized gains (losses) on investments	2a <60,10	3.1	
b	Donated services and use of facilities Recoveries of prior year grants	2c ·		
c d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	<60,103.
3	Subtract line 2e from line 1		3	2,741,539.
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	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,741,539.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		oer Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a	 _	0 550 564
1	Total expenses and losses per audited financial statements		1	2,578,764.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a	Donated services and use of facilities	2a		
D O	Prior year adjustments Other losses	2b 2c		
d G	Other losses Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	2,578,764.
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	4a	\ \	
b	Other (Describe in Part XIII.)	4b		
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_	2,578,764.
Pa	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Pa		lıne 4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any ac	dditional information.		
Da.	rt V, line 4:			
ra.	ic v, line 4.			
Ou	asi-endowment funds are used for graduate	scholarships.		
<u> </u>	and ordered farms and about for graduate			
<u>Pa:</u>	rt X, Line 2:			
			_	61.
Th.	e Association has been classified by the	IRS as a tax-ex	empt :	nonprofit
		Introde 1 Descen		a_
or	<pre>ganization under Section 501(c)(3) of the</pre>	Internal Reven	ue Co	de.
דג	though gortain agriculting may be deemed u	prolated to the	Aggo	aiation's
VT	though certain activities may be deemed u	mreraced to the	ASSU	CTACTOIT S
ev.	empt purpose and subject to tax, net oper	ating loss carr	v-for	wards are
<u> </u>	ompo purpose and bubjece to tany nee oper	acting robb carr	<u>,</u>	
av	ailable to offset any income. Accordingly	, a provision f	or fe	deral
<u>in</u>	come tax is not required for the year end	ed December 31,	2015	<u>i</u>
_				
<u>a</u> d	<u>ditionally, at December 31, 2015 there wa</u>	s approximately	7 \$8 <u>,</u> 2	00,000 in
02	erating loss carry-forwards which will ex	nire in verious	ייים מה	nta through

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 Air & Waste Management Association 25-6048614 Page 5 Part XIII Supplemental Information (continued)
2028.
In accordance with generally accepted accounting principles relative to
uncertainty in income tax purposes, the Association recognizes the income
tax benefit (or liability as applicable) from an uncertain tax position
when it is more likely than not that, based on technical merits, the
position will be sustained upon examination, including resolutions of any
related appeals or litigation process. Management has determined that
there are no uncertain tax positions that qualify for either recognition
or disclosure in the financial statements.
The years of 2012 and forward are open for purposes of potential audit by taxing authorities.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

Nir & Waste Mar Part I General Info			tside the United States. Complete	te if the organization answered	
Form 990, Part					
1 For grantmakers. Doe	s the organization	n maintain record	ds to substantiate the amount of its grai		
the grantees' eligibility	for the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes No
2 For grantmakers. Des United States	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance ou	itside the
3 Activities per Region (The following Part	t I, line 3 table ca	an be duplicated if additional space is n	eeded.)	
(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	 				
	<u> </u>				
3 a Sub-total) 0			0
b Total from continuation sheets to Part I	n	00			0
c Totals (add lines 3a and 3b) LHA For Paperwork Reduc	A A Making	<u> </u>	diam to Form 2000	Caba data	0 F (Form 990) 201

Page 2

25-6048614

Air & Waste Management Association

Schedule F (Form 990) 2015

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of of cash grant (e) Amount the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization

Schedule F (Form 990) 2015

532072 10-01-15

Enter total number of other organizations or entities

m

Page 3

25-6048614

Air & Waste Management Association

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16
Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2015

appraisal, other)	ΔЖ					
		-	-	_	 	
(t) Amount or non-cash assistance	,0					!
(e) Manner of cash disbursement	Jheck					
cash grant	7.500.Check					
recipients	2					
(b) Region	North America					
(a) Type of grant or assistance	Scholarships awarded for graduate study in the environmental field,					

	ule F (Form 990) 2015 Air & Waste Management Association	<u>25-6048614</u>	Page 4
Part	IV Foreign Forms		
1,	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	. Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	. Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	. Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No

Schedule F	(Form 990) 2015 Air & Waste Management Association	25-6048614 Page 5
Part V	Supplemental Information	
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acc	ounting method, amounts of
	investments vs. expenditures per region); Part II, line 1 (accounting method), Part III (accounting m	
•	(estimated number of recipients), as applicable. Also complete this part to provide any additional in	
		
		
		
		
		
		
		
	 	

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No 1545-0047	2015	Open to Public	Inspection
	-		

2 Employer identification number 25-6048614 X Yes 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 Air & Waste Management Association Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

line 21, for any		(h) Purpose of grant or assistance		-	-	 	
'es" on Form 990. Part IV		(g) Description of non-cash assistance					
anization answered "Y		(f) Method of valuation (book, EMV, appraisal, other)					
1 States. omnlete if the ords	led	(e) Amount of non-cash assistance					
ibe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	onal space is need	(d) Amount of cash grant					e line 1 table
oring the use of grant rations and Domestic	be duplicated if additiv	(c) IRC section if applicable					ganizations listed in the
cedures for monit	5,000. Part II can	(b) EIN					nd government org
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Assess and Demostic Committee Commi	ר	1 (a) Name and address of organization or government					2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2015)

Page 2 Schedule I (Form 990) (2015) (f) Description of non-cash assistance 25-6048614 (e) Method of valuation (book, FMV, appraisal, other) tuition and professional development in accordance with university/college Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Educational institutions are advised that the funds are to be used for Scholarships are made payable directly to the college or university. (d) Amount of non-cash assistance 0 Air & Waste Management Association 25,500, (c) Amount of cash grant (b) Number of recipients Scholarships awarded for graduate study in the (a) Type of grant or assistance Part I, Line 2: Schedule I (Form 990) (2015) environmental field policies. Part III

532102 10-28-15

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Air & Waste Management Association	25-6048614
Form 990, Part I, Line 1, Description of Organization Miss	sion:
and critical environmental decision-making of our members	to benefit
society.	
Form 990, Part III, Line 4d, Other Program Services:	
Councils - The organization supports four Councils which :	include
Education, Sections & Chapters, Technical, and Young Profe	essionals
Advisory. Each Council conducts business to support the	vision and
mission of the organization through education, publication	ns,
networking, volunteer development, local membership and processing	rogramming, and
information exchange.	
Scholarship Awards - Scholarships awarded to graduate stud	dents.
Recipients can be U.S. or non-U.S. members or non-members	. All
scholarships are paid to the university/college.	
Expenses \$ 172,277. including grants of \$ 33,000. Rev	enue \$ 0.
Form 990, Part VI, Section A, line 6:	
Our organization consists of over 5,100 members.	
Form 990, Part VI, Section A, line 7a:	
Directors & officers may be either appointed by the board	
voted into office by the membership.	
Voca IIIo ollico a, ciic membelbiiipv	
Form 990, Part VI, Section A, line 7b:	
Membership must approve the acceptance of the annual audi	ted financial
statements.	

Resource area.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization Air & Waste Management Association	Employer identification number 25-6048614
Form 990, Part VII Contact Addresses for Officers, Direct	ors, Etc:
Dallas Baker - PO Box 2261, Jackson, MS 39225	
Brad Waldron - One Caesars Palace Drive, Las Vegas, NV 89)109
Michael Miller - 3420 Hillview Avenue , Palo Alto, CA 943	304
Diane Freeman - 651 Colby Drive, Waterloo, Ontario, CANAL	DA N2V1C2
Harry Klodowski - 615 Sandy Hill Rd, Valencia, PA 16059	
Carol Clinton - 6724 Perimeter Loop Rd #236, Dublin, OH 4	13017
Sara Head - 1000 Business Center Circle Suite 103, Newbur	ry Park, CA 91320
Jayme Graham - 301 39th Street, Pittsburgh, PA 15201-1891	<u>L</u>
Kim Marcus - 1001 SW 5th Ave. Suite 1010, Portland, OR 97	7204
Chris Nelson - 3M Center Bldg 224-5W03, Saint Paul, MN 55	5144
Brent Nixon - 9 Henneberry Ln, Golf, IL 60029	
Jennifer Tullier - 17170 Perkins Road, Baton Rouge, LA 70)810
Nancy Meilahn Fowler - 999 Town and Country Road, Orange	, CA 92868
Michele Gehring - 2620 Winemiller Lane, York, PA 17408	
Tony Ward - 32 Campus Drive Skaggs Bldg Rm 173, Missoula	, MT 59812
Jack Broadbent - 939 Ellis Street, San Francisco, CA 9410)9
Jordan Haywood - 4400 Alafaya Trail MC Q2-286, Orlando, I	FL 32826
Form 990, Part IX, Line 11g, Other Fees:	
OTHER:	
Program service expenses	245,673.
Management and general expenses	10,463.
Fundraising expenses	84,408.
Total expenses	340,544.
Total Other Fees on Form 990, Part IX, line 11g, Col A	340,544.

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization Air & Waste Management Association	Employer identification number 25-6048614
Form 990, Part XII, Line 2c:	
The organization has not changed its oversight or selecti	on process
related to the audit during the year.	