9

Extended to November 15, 2019

# Form 990

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

ΑF	or the	2018 calendar year, or tax year beginning and	ending		
<b>В</b> с	heck if opticable	C Name of organization		D Employer identific	cation number
$\Gamma$	Addres	Air & Waste Management Association			
	Name change			25-6	048614
	Initial		Room/suite	E Telephone number	
	Final return/	436 Seventh Avenue, Suite 2100		(412	) 232-3444
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	-	G Gross receipts \$	2,497,494.
	Amend return	Fictsburgh, PA 13219		H(a) Is this a group re	eturn
	Application	I F Name and address of principal officer propriative Grypers		for subordinates	? Yes X No
	pending	same as C above		H(b) Are all subordinates in	cluded? Yes No
		mpt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) c	or 52	If "No," attach a	list. (see instructions)
		e: ▶ www.awma.org	1,	H(c) Group exemption	
		organization; X Corporation Trust Association Other	L Year	r of formation: 1952 N	1 State of legal domicile: PA
Ра		Summary	<del>-</del>	<u> </u>	
a	1 [	Briefly describe the organization's mission or most significant activities: The r	missi	on of Air & v	<u>vaste</u>
al a	_	Management Association is to assist in th			
Activities & Governance		Check this box  if the organization discontinued its operations or dispos	sed of more	1 1	ets. 16
Š		Number of voting members of the governing body (Part VI, line 1a)		. 3	16
8		Number of independent voting members of the governing body (Part VI, line 1b)		. 4	13
ië		Fotal number of individuals employed in calendar year 2018 (Part V, line 2a)		6	500
Ę		Fotal number of volunteers (estimate if necessary)  Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	31,688.
¥		Net unrelated business taxable income from Form 990-T, line 38		7b	0.
$\dashv$				Prior Year	Current Year
	8 (	Contributions and grants (Part VIII, line 1h)		792,925.	590,027.
a l		Program service revenue (Part VIII, line 2g)	⊐ജി⊏	1,421,366.	1,568,460.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, an NOV 1 2 2019	S-OSC	69,372.	56,381.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 11e)		0.	41,492.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,283,663.	2,256,360.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		49,000.	30,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
တ္ဆ	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_	908,439.	950,018.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×pe	b <sup>-</sup>	Fotal fundraising expenses (Part IX, column (D), line 25)	<u> 20.  </u>	4 000 500	1 011 001
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	.	1,232,780.	1,241,891.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,190,219.	2,221,909.
- , ,	19	Revenue less expenses Subtract line 18 from line 12		93,444.	34,451.
Net Assets or Fund Balances		- · · · · · · · · · · · · · · · · · · ·	B	eginning of Current Year 1,735,691.	End of Year 1,739,971.
Ssel	20	Fotal assets (Part X, line 16)		514,435.	626,470.
Per Per	21	Fotal liabilities (Part X, line 26)		1,221,256.	1,113,501.
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	<u> </u>	1,221,2301	1,115,501.
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	knowledge and belief, it is
	-	, and complete. Declaration of preparer (other than officer) is based on all information of wh			Michigo and bollon, it is
,	1	> ZXta to be sail M. Klesse tin)	р. орало		23-19
Siar	,	Signature of officer		Date	
Sign Here		► Stephanie Glyptis, Secretary			
	·	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	ŀ	EDWARD M. FLOHR, CPA Edward M- Fl	olu	10/15/19 if self-employs	P00291637
Prep	- t	Firm's name Herbein + Company, Inc.		Firm's EIN	23-2415973
Use	Only	Firm's address 530 Pellis Rd, Ste 7000			
		Greensburg, PA 15601		Phone no. 72	<u>4-834-7053</u>
May	the IR	S'discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	990 (2018) Air & Waste Management Association	25-6048	3614	Page 2
	ो III Statement of Program Service Accomplishments	-		
•	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission.			
	The mission of A&WMA is to assist in the professional			<u> </u>
	critical environmental decision-making of our members	to_benefit	:	
	society.			
2	Did the organization undertake any significant program services during the year which were not listed on the			
	prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O		_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?	Yes	X No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest program services,			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c	thers, the total exp	enses, an	d
	revenue, if any, for each program service reported			
4a	/**** / /***	Revenue \$	_	223.
	Publication - Monthly peer-review technical journal (J.			
	monthly member magazine (EM) magazine are sent to appr		4,500	<u> </u>
	members and subscribers. They include information rel		1.2 _	
	environmental issues of interest to members and the ge	neral publ	Lic.	
			-	
				<del></del>
		<del></del>	-	
				<del></del>
	(Code ) (Expenses \$ 1,314,210. including grants of \$ ) (F	1	,238,	5/19 \
4b	(Code)(Expenses \$\frac{1,314,210.}{\text{ including grants of \$}}\) (F Conferences and Events - Educational workshops, webina			) <del>4)•</del> )
	specialty conferences, and the annual conference and e			
	designed to promote technology transfer and environmen			or
	members and the general public. Content from our web		1000	
	available for those unable to attend, through on-line		.e.	
	available for chope anable to account our ough on 12110	az 110 op za v		<del></del>
4c	(Code ) (Expenses \$ 98,153. including grants of \$ ) (F	Revenue \$		)
	Membership Development - The membership development ma		nd	
	operations effort includes using a combination of comm	unication	tools	 3,
	such as direct mail opportunities, telemarketing, mont			
	and online tools, to achieve the proposed membership o			
	utilize the existing association management system, as	well as t	arget	ed
	outside prospect lists when applicable, to tailor mess			
	benefit packages. Communications target them for each			
	membership categories (individual, young professional,			
	organizational).			
4d	Other program services (Describe in Schedule O )			
_	(Expenses \$ 73,678 • including grants of \$ 30,000 • ) (Revenue \$	41,492.	• )	
4e	1 707 206			
			Form 9	90 (2018)

OIII 330 (2010)			
Part IV: Checklist of	Required	Schedules	

٠	,		Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	_		
.0	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			100
••	as applicable			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	20000	20 72 W T T T	77.4
а		11a	х	
_	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
D		11b		Х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
С		11c		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .	110		
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	444		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX .	11d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ.	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	448	Х	
	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	40-	Х	
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	400		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	446	х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40	v	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II .	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19_		X
<b>2</b> 0a	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			77
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I. Parts I and II.	21		<u> </u>

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	t,IV Checklist of Required Schedules (continued)		Van	NI.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	<u> </u>	Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
4a	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	İ		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .	25a	ļ	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			۱
	Schedule L, Part I	25b	<u> </u>	X
3	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		ļ	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		1	ļ .,
	complete Schedule L, Part II	26	<del> </del>	X
7	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			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
3	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):	28a	├	х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	1	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		<del></del>
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ł	x
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	Х
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		<b>†</b>	
	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations?		1	
	If "Yes," complete Schedule N, Part I	31		X
2	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
3	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
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	ļ	X
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<b>_</b>	
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			۱
	If "Yes," complete Schedule R, Part V, line 2	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<b>├</b> ──	X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	l		
<b>5</b> 2.	Note. All Form 990 filers are required to complete Schedule O  t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
. ai	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is considered a companies of fractionary into in the contract of		Yes	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1a	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C	and and disparation comply that become manifolding rules for reportable payments to remove and reportable garilling	$\vdash$	1 77	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1.	( ) × ) 3
	filed for the calendar year ending with or within the year covered by this return  2a 13		9, 5, 3, 18, 7, 1	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	37.	(#**\}	Service of
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:	15	¥5:2	,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	32 (4) X
5a		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	-5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-		ı
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			\
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<b>1997</b> アイ・ 素体		^ , ' }
	sponsoring organization have excess business holdings at any time during the year?	8	6 86 4	Х
9	Sponsoring organizations maintaining donor advised funds.			32.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	\$ .J.	`	• *
а	Initiation fees and capital contributions included on Part VIII, line 12 10a	200 CT	•	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	,
11	Section 501(c)(12) organizations. Enter		¥X.,	۲۰
	Gross income from members or shareholders		130 m 1.	(3F) (3g)
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	DOM:	800 -	1, ,3
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	,	
	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.	420	-	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		133
	Note. See the instructions for additional information the organization must report on Schedule O.		3	330
D	Enter the amount of reserves the organization is required to maintain by the states in which the			Š+2Š
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c	1	, v	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	aner to	X
		14a		<b></b> -
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		_
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	13	24 °	, ,
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	ľ	X
	If "Vas " complete Form 4720. Schedule O		SERVEY.	1

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 16	. 4	n with	·
•	If there are material differences in voting rights among members of the governing body, or if the governing		Tag No.	\$ ()  }
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	^ v\		2 43
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	₹3. ¢	3 1/2 3
2	officer, director, trustee, or key employee?	2	·	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		-X
5		6	x	
6	Did the organization have members or stockholders?	-	<u> </u>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<b>,</b>	х	
	more members of the governing body?	7a	Λ.	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		х	
_	persons other than the governing body?	7b		FW. 1987
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		X	E TO BE THE
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b_		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		х	
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Λ	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes X	No
	Did the organization have local chapters, branches, or affiliates?	10a	^	
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	l	v	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	- ,
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u> </u>	- V	* **
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		w	
	ın Schedule O how this was done	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 approval by independent		` ` ·	`. `.
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		7.7	* .
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	. ~15.
	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 arrangement with a			√ 20%€ <b>327</b>
	taxable entity during the year?	16a	5 T, T, AB	<b>X</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	3		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	* **	X : : :	232
	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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	avaılab	le
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)	_		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Stephanie Glyptis - 412-232-3444			
	436 Seventh Avenue Suite 2100, Pittsburgh, PA 15219			

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Air & Waste Management Association

25-6048614

Page 7

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

	Check this box if neither the organization no										
, ,			(B) (C) Position						(D)	(E)	(F)
	Name and Title	Average		not c	heck i	more	than o		Reportable	Reportable	Estimated
		hours per week					s both		compensation from	compensation from related	amount of other
		(list any	ō						the	organizations	compensation
		hours for	direc			l	5		organization	(W-2/1099-MISC)	from the
		related	ee or	ıstee			nsate		(W-2/1099-MISC)	,	organization
		organizations	trus	nal tr		oyee	E .				and related
		below	Individual trustee or director	Institutional trustee	ĕ	empl	nest c	ner			organizations
		line)	直	Inst	Officer	Key	Highest compensated employee	Forr			_
(1)	Chris Nelson	20.00							_	_	_
Pres	ident		X		X				0.	0.	0.
(2)	Rahul Thaker	5.00									
Dire	ctor		X						0.	0.	0.
(3)	Michele Gehring	10.00				İ	İ				
Pres	ident Elect		X		X				0.	0.	0.
(4)	Leah Blinn	5.00									
Vice	President		X		X				0.	0.	0.
(5)	Brian Bunger	5.00									
Dire	ctor		X						0.	0.	0.
(6)	Greg Johnson	5.00									
Dire	ctor		X						0.	0.	0.
(7)	Jen Cowman Moore	5.00									
Dire	ctor		X						0.	0.	0.
(8)	Shashi Pathak	5.00				İ					
Dire	ctor		X						0.	0.	0.
(9)	James Walker	5.00									
Vice	President		X		X				0.	0.	0.
(10)	Richard "Mike" Markey	5.00									
Dire	ctor		X						0.	0.	0.
(11)	Stephanie Glyptis	40.00									
Exec	Dir/Secretary		X		X				147,103.	0.	27,935.
(12)	Jeffry Muffat	5.00									
Trea	surer		X		X				0.	0.	0.
(13)	Scott Freeburn	10.00									
Imme	diate Past President		X		X				0.	0.	0.
(14)	Corey Mocka	10.00									
Dire	ctor		X						0.	0.	0.
(15)	H. Christopher Frey	5.00									
Dire	ctor		Х						0.	0.	0.
(16)	Lee Lundberg	5.00		,							
Vice	President		X		X	L			0.	0.	0.
	ŀ										

	0 (2018) Air & Waste Management Association 25-6							<u>4861</u>	. <b>4</b> F	age 8			
<u>Par</u>	t VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(do box,		(C Posi neck r is per	tion nore t	than c	ne an	(D)  Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other	of
		(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	izations com 99-MISC) fi org an		ation ne tion ted tions
				-									
	Sub-total								147,103.		0.	27,9	35.
С	Total from continuation sheets to Part VII  Total (add lines 1b and 1c)  Total number of individuals (including but no		ose I	liste	d ab	ove)		<b>&gt;</b>	0. 147,103.		0.	27,9	0.
3	Did the organization list any former officer,	director, or tru	stee	, ke	y em	nploy	yee,	or h	nighest compensated er	nployee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable 0,000? If "Yes,	" cor	mple	te S	che	dule	J fo	or such individual	_		4	X
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." comtion B. Independent Contractors									dual for services		5	Х
1	Complete this table for your five highest coil the organization. Report compensation for the organization.	•	•							•	nsation	from	
	(A) Name and business	address	NC	NE	<u> </u>				(B) Description of s	ervices	Com	(C) pensation	on
									<del></del>				
							_					·· <u>·</u>	
2	Total number of independent contractors (ir \$100,000 of compensation from the organization from the organization)	•	ot lirr	nited	to t	hose 0		ed	above) who received me	ore than		000	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) Related or Unrelated Total revenue business exempt function sections 512 - 514 revenue revenue 1 a Federated campaigns 590,027. 1b **b** Membership dues c Fundraising events 1c d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ 590,027. h Total. Add lines 1a-1f 45 Business Code 900099 238,549.1,238,549. 2 a Continuing education p 511120 329,911. 298,223. 31,688 Publications f All other program service revenue, 568,460. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 70,937 70,937 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 226,578. assets other than inventory b Less. cost or other basis 231,172 9,962 and sales expenses 4,594. -9,962. c Gain or (loss) -14,556 -14,556d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 41,492 11 a Other income 900099 41,492 d All other revenue Total. Add lines 11a-11d 256,360.1,578,264. 31,688. 56,381. Total revenue. See instructions

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising (B) Do not include amounts reported on lines 6b, Management and Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 22,750. 22,750. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 7,250. 7,250. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 131,278. -175,038: 43,760 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 588,885. 441,664. 147,221. Other salaries and wages Pension plan accruals and contributions (include 28,523. 21,392. 7.131. section 401(k) and 403(b) employer contributions) 93,709 70,282. 23,427. Other employee benefits 9 63,863. 51,463. 12,400. Payroll taxes Fees for services (non-employees): . 207,414. 145,190. 62,224. Management Legal 14,887. 10,421. 4,466. Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 58,667. 43,772. 14,895 column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 38,020. 6.277. 31,743. 13 Office expenses Information technology 14 Royalties 15 95,909 76,861. 19,048. Occupancy 16 43,844. 41,577. 2,267. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 687,276. 612,093. 23,763. 51,420 Conferences, conventions, and meetings 19 4,315. 4,315. 20 Payments to affiliates 21 20,659 20,659. Depreciation, depletion, and amortization 22 20,989 25,363 .374 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) Miscellaneous 30,050. 10,319. 19,731. 7,013. 3,494. 3,519. Dues & Subscriptions 6,849. 6,849. Scholarship related exp 875. 875 d Corporate Taxes 750. 750. e All other expenses 2,221,909.1,707,306. 463.183. 51,420. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 194,053. 124,307. Cash - non-interest-bearing 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 150,358. 237,795 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. 6 Notes and loans receivable, net 9,958. 8 Inventories for sale or use 46,189. 27,282. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 501,860 10a basis. Complete Part VI of Schedule D 442,973. 10,748. 58,887. 10b 10c b Less: accumulated depreciation 1,213,980. 385,157. 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 7,974. 8,974. 15 15 Other assets. See Part IV, line 11 1,735,691. 1,739,971. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 182,422. 143,465. Accounts payable and accrued expenses 17 17 18 Grants payable 18 361,479. 384,429. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, iabilities. key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 9.491. 59,619. Schedule D 514.435 26 626,470 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here 

X and complete lines 27 through 29, and lines 33 and 34. **Assets or Fund Balances** 550,085. 416,519. 27 Unrestricted net assets ,171 696,982. 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 1,221,256. 1,113,501. 33 Total net assets or fund balances 33 1,735,691. 1,739,971. Total liabilities and net assets/fund balances Form 990 (2018)

Form 990 (2018)

#### 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 25-6048614

Air & Waste Management Association Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (III) Type of organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (ı) Name of supported (ii) EIN in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

	edule A (Form 990 or 990-EZ) 2018 A	ir & Wast	e Manageme	ent Associ	iation	25-6048	3614 Page 2
F.Q.	(Complete only if you checked						
	fails to qualify under the tests				ir railed to quality d	nder rare m. n tric e	rgariization
		s listed below, piea	Se complete i ait ii	··· <i>·</i>			<del>/</del>
ec	tion A. Public Support	F	<u> </u>			[F	
alei	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	' <b>(d)</b> 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and		<b>\</b>	<b>y</b>			•
	membership fees received (Do not						
	include any "unusual grants.")		\ .				<u> </u>
2	Tax revenues levied for the organ-		\			//.	
	ization's benefit and either paid to		\				
	or expended on its behalf		\		٠ ,	/ I	
3	The value of services or facilities						
_	furnished by a governmental unit to		\				
	the organization without charge		•				
41	Total. Add lines 1 through 3		1	1		Î	
	The portion of total contributions			A AMERICAN CONTRACT.		50 50 1833 Back	
5	by each person (other than a						
	governmental unit or publicly						
	• • •						•
	supported organization) included			N/			
•	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	Salara Salara		CONTRACTOR CONTRACTOR	SANTE LIZERY, "	William Commence	
	Public support. Subtract line 5 from line 4	\$25,4500000000000000000000000000000000000	100 A 100 100 100 100 100 100 100 100 10	Seymon Alban	Takan Kalangan ( )		
ec	tion B. Total Support					T	
ale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4					-	
8	Gross income from interest,	*		•	\		,
	dividends, payments received on	-	. /	1			
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business	`		,		' I	
	activities, whether or not the					·	(
	business is regularly carried on .	#	,		<b>\</b>		
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						, •
	Gross receipts from related activities,					12	
	First five years. If the Form 990 is fo	7		d fourth or fifth ta	x vear as a section	501(2)(3)	
	organization, check this box and stor	/ -			, ca. ac a cocio		ightharpoons
Sec	tion C. Computation of Publi		centage				
	Public support percentage for 2018/(	<i></i>		olumn (fl)	<del></del>	14	%
	Public support percentage from 2017				<b>\</b>	15	<del></del>
-	33 1/3% support test - 2018. If the	•		n line 13 and line	14 is 33 1/3% or m	<u> </u>	
102					14 15 33 1/3/001 111	· Check this box	
	stop here. The organization qualifies		-		line 15 in 22 1/20/	الإ	bev -
b	33 1/3% support test - 20/17. If the	-			ine 15 is 33 1/3%	or more, check this	
	and stop here. The organization qual				- 10 10 10	۷ ۱۳۵۶ - ۱۹۵۹ - ۱۹۵۹	
17a	10% -facts-and-circumstances test						W.
	and if the organization meets the "fac				•	rt VI how the organi	zation
	meets the "facts and circumstances"						
b	10% -facts-and-circumstances test					,	0% oï
	more, and if the organization meets the						·
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	nization	. ' \>
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	
					Sche	edule A (Form 990	or 990-EZ)\2018

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

C	qualify under the tests listed be	elow, please comp	lete Part II.)				
	tion A. Public Support						<del></del>
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	1105178.	961,715.	976,777.	792,925.	590,027.	4426622.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-			•			_
	iness under section 513	1907223.	1619504.	1696945.	1416389.	1578264.	8218325.
4	Tax revenues levied for the organ-						-
	ızatıon'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						
6	Total. Add lines 1 through 5	3012401.	2581219.	2673722.	2209314.	2168291.	12644947.
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.	259,905.		12,291.	1008779.
c	Add lines 7a and 7b		736,583.	259,905.		12,291.	1008779.
8	Public support. (Subtract line 7c from line 6.)						11636168.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>`(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	3012401.	2581219.	2673722.	2209314.	2168291.	12644947.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	87,890.	66,878.	34,440.	58,562.	70,937.	318,707.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	108,244.	97,012.	15,979.	4,977.		257,900.
C	Add lines 10a and 10b	196,134.	163,890.	50,419.	63,539.	102,625.	576,607.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		•				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	3208535.	2745109.	2724141.	2272853.	2270916.	13221554.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3) organiza	ation,
	check this box and stop here_	-					<b>▶</b> □
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (li		•	olumn (f))		15	88.01 %
	Public support percentage from 2017					16	88.33 %
Sec	tion D. Computation of Inves	tment Income	Percentage				
	Investment income percentage for 20			ne 13, column (f))		17	4.36 %
	Investment income percentage from 2					18	4.48 %
19a	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box ar		and the second s				ightharpoons X
b	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this how and et	on here. The organ	nization du alifies a	s a publicly suppo	rted organization	<b>▶</b>
	Private foundation. If the organization					-	

## Schedule A (Form 990 or 990-EZ) 2018 Air & Waste Management Association

Part JV Supporting Organizations

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

#### Section A. All 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")? 

  ### "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? [f "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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
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	17.00	
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3b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AMERICA AMERIC
3c	<b>1</b> 564	
4a	7.38 1.38	
4b		
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4c		<u> </u>
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9a	× 1	
9b	· · · · · · · · · · · · · · · · · · ·	
9c	* , , , , , , , , , , , , , , , , , , ,	
10a	** ·	
10b		Щ_

Sche	dule A (Form 990 or 990-EZ) 2018 Air & Waste Management Association	25-604861	4 P	age 5
Par	T.IV Supporting Organizations (continued)			
		3 Kb. 1 **	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	<u> </u>	AND PART	10,46
	below, the governing body of a supported organization?	11a		<del>                                     </del>
	A family member of a person described in (a) above?	11b		├
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. tion B. Type I Supporting Organizations	11c		L
Sec	tion B. Type i Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	8 8 8		15 Miles
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		_	
2	Did the organization operate for the benefit of any supported organization other than the supported			122
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		<b>数</b> (か 人)	0.14
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		(	7 (M)
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			T
		Y 12 42	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4	78 °C •	-4.62
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		;,	, , , , , , , , , , , , , , , , , , ,
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1,27%	195 · · · · · · · · · · · · · · · · · · ·	**************************************
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	<u> </u>	100 m	3.20
,	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Z 42	ا المراسية المراسية	128
(	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			<b>1920</b>
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	87.0 1	* * *
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	\$40.00\$		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	· · · · ' · ·	8,	13/48/2
500	supported organizations played in this regard.  Ition E: Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	etructions)		
1 a	The organization satisfied the Activities Test. Complete line 2 below.	30 00001137.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ity (see instructions)	).	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		38445.X	
	how the organization was responsive to those supported organizations, and how the organization determined	, <u>A.</u>	مَنْ يَهِ اللَّمِلْمِلْمِلْمِلْمِلْمِلْمِلْمِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ الللَّهِ اللَّهِ اللَّهِ اللَّهِ	公徽
	that these activities constituted substantially all of its activities.	2a	#REDINA-	79-56728686
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		11/18/10
_	activities but for the organization's involvement.	<u>2b</u>	<u> </u>	, right
3	Parent of Supported Organizations. Answer (a) and (b) below.	مخاروعات		
а		→ 3a	₩Àve²	2 x8682
h	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	, sa		. 13
U	of its supported organizations? If "Yes," describe in Part VI the role placed by the organization in this regard.	3b	ř	
	TEST DESCRIPTION OF THE PROPERTY OF THE PROPER			

Sche	dule A (Form 990 or 990 EZ) 2018 Air & Waste Management .	Assoc	ciation 2	5-6048614 Page 6
(Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (explain in P	art VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	·
Sect	on 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 B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	7. 1		
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		·
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other		Craffe Control	
	factors (explain in detail in Part VI)	78.33		
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	, <u> </u>	
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	1	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	サイト開発して発展され	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6_		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ited Type III supporting organ	nization (see
•	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

	Jule A (Form 990 or 990 EZ) 2018 Air & Waste Ma VI Type III Non-Functionally Integrated 509(			5-6048614 Page 7
EN- 40074	on D - Distributions	(1)	(Commune)	Current Year
	Amounts paid to supported organizations to accomplish exer	mpt purposes		
	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			,
	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	-	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions.			
	Total annual distributions. Add lines 1 through 6			,
	Distributions to attentive supported organizations to which the	ne organization is responsive		
•	(provide details in Part VI) See instructions	·		
9	Distributable amount for 2018 from Section C, line 6			-
	Line 8 amount divided by line 9 amount		•	•
(i) (ii) Section E - Distribution Allocations (see instructions) Excess Distributions Pre-2018		Underdistributions	(iii) Distributable Amount for 2018	
4	Distributable amount for 2018 from Section C, line 6			
	Underdistributions, if any, for years prior to 2018 (reason-		A CO. A LONG THE STATE OF THE S	
_	able cause required- explain in Part VI). See instructions	7 F		
3	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014	A Company of the Company		
	From 2015	777 2 2 40 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
	From 2016			
	From 2017			many manusimon o sociotantes e as imperiorizantes
	Total of lines 3a through e			
	Applied to underdistributions of prior years		Ļ	
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
•	line 7:			
а	Applied to underdistributions of prior years		<i>t</i> ,	
	Applied to 2018 distributable amount	31 44 10 14 10 14		
	Remainder. Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
- 9	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			1
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c		Mr. Services	
8	Breakdown of line 7			
а	Excess from 2014	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
	Excess from 2015	A Residence of	<b>***</b>	
	Excess from 2016			
	Excess from 2017		physics and the second	
	Excess from 2018	TO COMPANY OF THE PARTY OF THE		

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 Air &	Waste Manag	gement Associ	ation	25-6048614 Page 8
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8, and Part (See instructions)	Provide the explanation 4b, 4c, 5a, 6, 9a, 9b, 9d 3; Part IV, Section E, lir	s required by Part II, line c, 11a, 11b, and 11c; Part nes 1c, 2a, 2b, 3a, and 3b	10, Part II, line 17a or IV, Section B, lines 1 ; Part V, line 1; Part V,	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e; Part V,
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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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 25-6048614 Air & Waste Management Association

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ad		used only
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or el		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located >	_
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		. L Yes L No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
_	conservation easements.	And Historical Transcript on C	Abou Cimilar Accada
Par	t III Organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" on Form		<del></del>
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
þ	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X	_	\$
2	If the organization received or held works of art, historical treatment		al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1	•	<b>\$</b>
b	Assets included in Form 990, Part X		<u></u> \$

	dule D (Form 990) 2018 Air & Wo	aste Manage ollections of Art			er Simila		48614 Page	<u>е 2</u>
3.	Using the organization's acquisition, accessing (check all that apply).		·					
а	Public exhibition	d	Loan or excl	nange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	empt purpo	se in Part	XIII.	
5	During the year, did the organization solicit o							
•	to be sold to raise funds rather than to be ma						Yes 🔲 I	No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Yes" o	n Form 99	D, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	- '	J					
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	or other assets no	t included			_
	on Form 990, Part X?		•				Yes 🔲 I	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:					
_		•	J				Amount	
С	Beginning balance				1c			_
	Additions during the year	•			1d			_
e	Distributions during the year				1e			_
f	Ending balance				1f			
	·	orm 990 Part X line	21 for escrow or cu	istodial account liab		<u>'                                    </u>	Yes 🔲 I	No
	If "Yes," explain the arrangement in Part XIII				-			
Par								_
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four years ba	ıck
1a	Beginning of year balance	227,666.	168,424.	180,917.		213,330.	205,56	
b	Contributions		····	<del></del>		•	•	
-	Net investment earnings, gains, and losses	-60,374.	107,127.	35,080.		-4,035.	25,38	39.
ب د	Grants or scholarships	29,446.	47,885.	47,573.	+	28,378.	17,62	
	Other expenditures for facilities							<del>_</del>
е	· ·							
	and programs				†			—
T	Administrative expenses	137,846.	227,666.	168,424.	1	180,917.	213,33	30.
g	End of year balance	·		· · · · · · · · · · · · · · · · · · ·				
2	Provide the estimated percentage of the curr	ent year end balance		) neiu as.				
a	Board designated or quasi-endowment		_%					
b		%						
С	Temporarily restricted endowment	%						
_	The percentages on lines 2a, 2b, and 2c shows		A AL .A L . I al a					
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are neid an	ia administered for	tne organiz	ation	V   1	
	by:							No_X
	(i) unrelated organizations							$\frac{x}{x}$
	(ii) related organizations				•			<u>~</u>
b	If "Yes" on line 3a(ii), are the related organiza						3b	—
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.				_	—
La	Complete if the organization answere		Port IV line 11a S	oo Form 000 Part \	/ line 10			
		1					(d) Book value	—
	Description of property	(a) Cost or o basis (investing	1	1 ' '	Accumulat lepreciation	i i	(a) Book value	
		Dasis (IIIVestii	lionty basis	(Ourier)	cpi eciatioi	·		—
	Land .							—
b	•			0 707	1 7	<del></del>	9 921	<del></del>
С	Leasehold improvements	-	49	0,707. 1,153.	$\frac{1,7}{441,1}$		8,922 49,965	
d	Equipment		49	<u> </u>	44T,T	00.	43,30	٠.
	Other					<del>_</del> +	58,88	7
<u>Total</u>	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B). line 1:	Oc.)			٠٥,00	<u></u>

Schedule D (Form 990) 2018

Schedule D (i Oith 330) E0 10		<u> </u>	110110 9 0111011
Part VII Investments -	Other Se	ecurities.	

Complete if the organization answered				
(a) Description of security or category (including name of sec	curity) (b) Book value	(c) Method of	valuation Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other		<u> </u>	·	
(A)				<del></del>
(B)			•	
(C)		4		
(D)				
(E)				
<u>(F)</u>				
(G) ,				
(H)				ome or negative, — to another, after the opposite the opp
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 1:				
Part:VIII Investments - Program Relate		•		•
Complete if the organization answered				
(a) Description of investment	(b) Book value	(c) Method of	valuation Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
			'	<u></u>
				•
(8)				
(9)				
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13	3.) ▶	accessing in carries and accessing	Salah dan dan dan dan dan dan dan dan dan dan	m produmento de maria son 1944 1
Part IX Other Assets.				
Complete if the organization answered		ne 11d. See Form 990,	, Part X, line 15	1 4 De alcuelus
	(a) Description			(b) Book value
(1)		-		
(2)				,
(3)				
(4)			- )	
(5)			• ,	
(6)		•		
				·
(8)		<del> </del>		-
(9)	<del></del>			
Total. (Column (b) must equal Form 990. Part X. col.	(R) line 15.)			
Part X Other Liabilities.			,	
Complete if the organization answered	'Yes" on Form 990, Part IV, III		m 990, Part X, line 25	· · · · · · · · · · · · · · · · · · ·
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) Capital lease obligation	on	59,619.		
(3)		-		
(4)	/			
(5)				
(6)	,			
(8)				
(0)			A STATE OF THE STA	x 54. Ye L. V. Y. Y. Karasa da kababan da kababan da kababan da kababan da kababan da kababan da kababan da ka

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

1. 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.

Sche	dule D (Form 990) 2018 Air & Waste Management Ass	ociation	25-6	048614	Page 4
Pa	Reconciliation of Revenue per Audited Financial Stateme		er 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	2,114,	<u>,154.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1			
а	Net unrealized gains (losses) on investments	2a -142,	206.		
b	Donated services and use of facilities	2b		•	
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII )			4.40	005
е	Add lines 2a through 2d		2e		,206.
3	Subtract line 2e from line 1		4 3	2,256,	, 360.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del></del>		
b	Other (Describe in Part XIII.)	4b	( ' '		0.
C E	Add lines 4a and 4b  Total revenue Add lines 3 and 4a (The revet sevel Ferm 900 Part / free 10)		4c 5	2,256	
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII   Reconciliation of Expenses per Audited Financial Statem	ents With Expenses			, 5 0.0 •
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:				
1	Total expenses and losses per audited financial statements	<del>-</del>	1	2,221,	909.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		\$10 S		, , , , ,
- a	Donated services and use of facilities	2a	ľ		
b	Pnor year adjustments	2b			
c	Other losses	2c	\(\frac{1}{2}\)		
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d		2e		0.
3	Subtract line 2e from line 1		3	2,221,	<u>,909.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1 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_			5	2,221	<u>,909.</u>
	t XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Par		V, line 4; Part X,	line 2; Part X	d,
iines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad-	oluonai information.			
Pa:	rt V, line 4:				
Qua	asi-endowment funds are used for graduate	scholarships.			
_					
Pa:	ct X, Line 2:		<u> </u>		<u> </u>
ωb.	Association has been classified by the I	PC ac a tav-e	vemnt no	nnrofit	•
1111	: Association has been classified by the i	NO as a car e.	Kempt 110	пргогт	
ore	ganization under Section 501(c)(3) of the	Internal Reve	nue Code	_	
<u> </u>	diffactor ander beector sorte, (3) or ene	Incornar nove	nuo couc	<u> </u>	
A1	though certain activities may be deemed un	related to th	e Associ	ation's	3
				,	
ex	empt purpose and subject to tax, net opera	ting loss car	ry-forwa	rds are	<u> </u>
<u>av</u>	ailable to offset any income. Accordingly,	a provision	for fede	ral	
		1 5 1 24	0010		
in	come tax is not required for the year ende	a December 31	<u>, 2018;</u>	1	
	ditionally at December 21 2010 there	annnawimakat.	,, 60 200	000	
ad	ditionally, at December 31, 2018 there was	approximatel	y 30,200	,000 11	<u> </u>
00	erating loss carry-forwards which will exp	ire in variou	s amount	s throu	ıah
	4 10-29-18			ile D (Form 9	

Schedule D (Form 990) 2018 Alr & 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 2015 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.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Employer identification number

	r & Waste Man	agement 1	Associati	ion -		25-604861	
Pa			ctivities Out	side the United States. Comple	ete if the organ	zation answered "Y	es" on
1	_	the organization		ds to substantiate the amount of its gra the selection cnteria used to award the			Yes No
2	United States	•		procedures for monitoring the use of its		ner assistance outsi	de the
3	Activities per Region (Ti	ne following Part (b) Number of offices in the region	(c) Number of employees, agents, and independent	d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to	(e)-If active is a prog	vity-listed in-(d) gram service, specific type	(f)-Total expenditures for and investments
	,		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
٠				·			
Nort	h America	. 0	0	Program Services	Conference		15,252.
	n	1				•	
		)-			,		
		` `				-	·
	c						
					•	,	· ·
							-
3 a	Subtotal	0	0		1 10 N D D D D D D D D D D D D D D D D D D		15,252.
	Total from continuation sheets to Part I	0	. 0				0.
C	Totals (add lines 3a						

Schedule F (Form 990) 2018

25-6048614

Part It 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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	— (i) Method of valuation (book, FMV, appraisal, other)
			,	,			. ,	
				,			·	
				1				,
							4	,
			,			·		`
				•	,			
		,	•		•	-		
		· .				-		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

Page 3

25-6048614

Air & Waste Management Association

Schedule F (Form 990) 2018 Air & Waste Management Association 25-6048614

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.

1	I		ı		<u> </u>				<b>ω</b>
(h) Method of valuation (book, FMV, appraisal, other)	EMV								Schedule F (Form 990) 2018
(g) Description of noncash assistance							•		Sched
(f) Amount of noncash assistance	.0								
(e) Manner of cash disbursement	check					•			
(d) Amount of cash grant	7,250. Check				-				
(c) Number of recipients	en								
(b) Region	North America - Canada and Mexico, but not the United States							1	
(a) Type of grant or assistance (b) Region	Scholarships awarded for graduate study in the environmental field,								

Schedule F (Form 990) 2018

Schedule F	(Form 990) 2018 Air & Waste Management Association	25-6048614	Page 5
Part V	Supplemental Information	ting mothed amounts of	
•	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method)		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional inform		
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SCHEDULE (Form 990) Department of the Treasury

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

OMB No 1545-0047 2018

Open to Public

Inspection

**ջ** □

25-6048614

Employer identification number 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 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. Air & Waste Management Association General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Internal Revenue Service Part

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any received more than \$5,000. Part II can be dunicated if additional space is needed.	Domestic Organizes On Dear	tations and Domestic	Governments. C	complete if the organ	inization answered "Y	es" on Form 990, Part I'	V, line 21, for any
lecipleir that federad filore than	אור ניים	De duplicated il additio	A America	70,000,000	(f) Method of	) 10 months and 1-1	(h) Discount of career
1 (a) Name and address of organization or government	(a)	(ff applicable)	cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
							-
	_						
				2			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	Janizations listed in the	line 1 table				
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	l table					4
LHA For Paperwork Reduction Act Notice, see the Instructions for Forn	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

832102 11-02-18

Page 2

25-6048614

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.

Air & Waste Management Association

Schedule I (Form 990) (2018)

Part III

#### **SCHEDULE O**

Internal Revenue Service

. (Form <del>0</del>90 or 990-EZ) Department of the Treasury

## 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.

Go to www.irs.gov/Form990 for the latest information.

18 Open to Public

OMB No 1545-0047

Inspection

Name of the organization

Air & Waste Management Association

**Employer identification number** 25-6048614

Form 990, Part I, Line 1, Description of Organization Mission:
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 Professionals
Advisory. Each Council conducts business to support the vision and
mission of the organization through education, publications,
networking, volunteer development, local membership and programming, and
information exchange.
Scholarship Awards - Scholarships awarded to graduate students.
Recipients can be U.S. or non-U.S. members or non-members. All
scholarships are paid to the university/college.
Expenses \$ 73,678. including grants of \$ 30,000. Revenue \$ 41,492.
Form 990, Part VI, Section A, line 6:
Our organization consists of approximately 4,500 members.
Form 990, Part VI, Section A, line 7a:
Directors & officers may be either appointed by the board (up to 3) or
voted into office by the membership.
Form 990, Part VI, Section A, line 7b:
Membership must approve the acceptance of the annual audited financial
statements.

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

Resource area.

Air & Waste Management Association

Employer identification number 25-6048614

Form 990, Part VII Contact Addresses for Officers, Directors, Etc:
Chris Nelson - 3M Center, Bldg 224-5W03, Saint Paul, MN 55144
Rahul Thaker - 1641 Mail Service Center, Permitting Section
Raleigh, NC 27699
Michele Gehring - 2620 Winemiller Lane, York, PA 17408
Leah Blinn - 333 Baldwin Road, Pittsburgh, PA 15205
Brian Bunger - 375 Beale Street, Suite 600, San Francisco, CA 94105
Greg Johnson - 701 Poydras Street, Suite 5000, New Orleans, LA 70139
Jen Cowman Moore - 3M Center, Bldg 224-05-W-03, Saint Paul, MN 55144
Shashi Pathak - 11708 18th Avenue SW, Edmonton, Alberta, CANADA T6W2E7
James Walker - 1945 W Parnall P22-121, Jackson, MI 49201
Richard "Mike" Markey - One Energy Place, Pensacola, FL 32520
Stephanie Glyptis - 436 Seventh Ave Suite 2100, Pittsburgh, PA 15219
Jeffry Muffat - 9085 Jasmine Ave S, Cottage Grove, MN 55016
Scott Freeburn - 1837 NW Gibson Way, Albany, OR 97321
Corey Mocka - 109TW Alexander Drive, C539-04, RTP, NC 27711
H. Christopher Frey - 208 Mann Hall Campus Box 7908, Raleigh, NC 27695
Lee Lundberg - 83 Mary Reed Road, Baden, PA 15005
Form 990, Part XII, Line 2c:
The organization has not changed its oversight or selection process
related to the audit during the year.