COMMITTEE ON NATURAL RESOURCES Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

"Subcommittee on Energy and Mineral Resources Legislative Hearing on H.R. 2170, H.R. 2171, H.R. 2172 and H.R. 2173" June 23, 2011

* * * * *

For Witnesses Representing Organizations:

- 1. Name: Chris Taylor
- 2. Name of Organization(s) You are Representing at the Hearing:

The American Wind Energy Association (AWEA)

Element Power US, LLC

- 3. Business Address: 1501 M Street, NW, Suite 1000, Washington, D.C. 20005 (AWEA) 421 SW 6th Avenue, Suite 1000, Portland, OR 97204 (Element Power)
- 4. Business Email Address: <u>windmail@awea.org</u>. [Information redacted for privacy]
- 5. Business Phone Number: 202-383-2500 (AWEA) 503-222-9400 (Element Power)

Chris Taylor/AWEA June 23, 2011/ Subcommittee on Energy and Mineral Resources Legislative Hearing on H.R. 2170, H.R. 2171, H.R. 2172 and H.R. 2173

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

BA, magna cum laude, Political Science/Economics, Amherst College. Phi Beta Kappa. 1991.

Master of Public Affairs (MPA), Woodrow Wilson School of International and Public Policy, Princeton University. Certificate in Science, Technology and Environmental Policy. 1999.

My graduate program included coursework in energy policy, environmental economics, and specifically renewable energy.

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

I have been an active member of the AWEA siting committee for 7 years.

I served on board of the Renewable Northwest Project (a regional renewable energy organization) for 4 years.

I served as an alternate on the Department of Interior's Wind Energy Guidelines Federal Advisory Committee and have participated actively in the development of the Committee's recommendations.

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

I have been in a management or executive role in the development of wind energy for over 9 years (with Horizon Wind Energy and more recently Element Power) and have personally led the development of over 750 MW of operating wind energy facilities in the US.

Element Power currently has eight (8) wind energy projects under development and in various stages of the permitting process on BLM land throughout the Western US as well as several solar projects under development on BLM land, all of which I am responsible for overseeing. I have direct experience with BLM staff at all levels including field, regional, state and national offices.

I consulted with senior BLM staff in the development of the BLM's Wind Energy Guidelines as a representative of the wind energy.

In my prior role with Horizon Wind Energy, I oversaw the development of projects on BLM land as well.

I represented the wind energy industry in the multi-stakeholder working groups that drafted the firstever wind energy siting guidelines for the State of Oregon and State of Washington.

Prior to entering the renewable energy industry, I held management positions at the Oregon Department of Environmental Quality and a major environmental advocacy organization.

d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract. **None.**

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed. **None.**

f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony. **None.**

Chris Taylor/AWEA June 23, 2011/ Subcommittee on Energy and Mineral Resources Legislative Hearing on H.R. 2170, H.R. 2171, H.R. 2172 and H.R. 2173

In addition, for witnesses representing organizations:

g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

I serve on the board of AWEA's WindPAC and the Wind Energy Foundation (a separate 501 c (3) organization) as well as the siting and siting steering committees of AWEA. I am an officer of Element Power US, LLC.

h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s). **None for Element Power.**

Oklahoma Department of Wildlife Conservation received money under an Endangered Species Act Section 6 grant application for the purpose of developing a multi-state habitat conservation plan for whooping cranes and lesser prairie chickens. AWEA has a cooperative pass through federal assistance grant agreement with the State of Oklahoma in which 75% of the cost of developing the HCP is covered by the Section 6 grant and 25% is covered by an industry cost-share. For the period August 4, 2009 through August 3, 2010 Oklahoma budgeted \$369,707.25, but AWEA actually billed for and received only a portion of that amount: \$283,430.64. For the period August 4, 2010 through August 3, 2011 Oklahoma budgeted \$740,000, but AWEA to date has only bill for and received \$337,135.12.

i. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

None.

j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization.

AWEA does not receive donations from particular countries, but rather relies on dues payments from its membership and revenues from conference registrations and exhibitors.

k. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.



<u>A</u>	For the	e 2009 calendar year, or tax year beginning and endin	9	
B	Check if applicabl	le: Please C Name of organization	D Employer identifi	cation number
	Addre			
	Name	type D : D :		121931
\vdash	_lchang _Initial			
	_iretum Termii			r 383-2501
	ated			
	_ return ☐Applic	City of town, state of country, and ZIP + 4	G Gross receipts \$	48,038,260.
	tion pendia	WASHINGTON, DC 20005	H(a) Is this a group re	
		F Name and address of principal officer: DENISE BODE	for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	
		empt status: 🔀 501(c) (6) ◀ (insert no.) 🗌 4947(a)(1) or 🛄 527		list. (see instructions)
		te: > WWW.AWEA.ORG	H(c) Group exemptio	
			Year of formation: 1974	1 State of legal domicile: MI
P	art I	Summary		
e	1	Briefly describe the organization's mission or most significant activities: SEE PAR	T III, LINE 1	
and			·····	
& Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed of	more than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		22
യ ൽ	4	Number of independent voting members of the governing body (Part VI, line 1b)		22
es	5	Total number of employees (Part V, line 2a)	5	86
Activities		Total number of volunteers (estimate if necessary)		28
vcti		Total gross unrelated business revenue from Part VIII, column (C), line 12		0.
∢		Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)	115 400	1,633,634.
Revenue	1	Program service revenue (Part VIII, line 2g)		31,125,002.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-41,846.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		101,467.
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		32,818,257.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5270107257.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		
	1			8,547,862.
ses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0,547,002.
en o	1	Professional fundraising fees (Part IX, column (A), line 11e)		
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	13,487,237.	21 222 077
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		29,781,739.
		Revenue less expenses. Subtract line 18 from line 12	2,885,838.	3,036,518.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
Ssei Bala	20	Total assets (Part X, line 16)	19,973,363.	24,818,831.
nd A	21	Total liabilities (Part X, line 26)	11,035,389.	12,412,078.
		Net assets or fund balances. Subtract line 21 from line 20	8,937,974.	12,406,753.
1.st.	art II	Signature Block		
		Under penalties of periory declare that have examined this return, including accompanying schedules and staten and complete. Declayed of preparer (other than officer) is based on all information of which preparer has any know	nents, and to the best of my knowledg	ge and belief, it is true, correct,
	1	N I A Thead	-	
Sig	n	Muse 1 2014		
Her	e	Signature of officer	Date	
		DENISE BODE, CHIEF EXECUTIVE OFFICER		
		Type or print name and title		
0		Preparer's In the Date Date		er's identifying number structions)
Paic		signature RUU MARAET 11/5/10	employed ► (see ins	succession of
	parer's	Firm's name (or GELMAN, ROSENBERG & FREEDMAN	EIN ►	···· ·································
Use	Only	self-employed) \$4550 MONTGOMERY AVE., SUITE 650 NO		· · · · · · · · · · · · · · · · · · ·
		address, and ZIP + 4 BETHESDA, MARYLAND 20814-2930	1	301) 951-9090

May the IRS dis	scuss this return with the preparer shown above? (see instructions)
932001 02-04-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

No

X Yes

	III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	THE MISSION OF THE AMERICAN WIND ENERGY ASSOCIATION IS TO PROMOTE WIN POWER GROWTH THROUGH ADVOCACY, COMMUNICATIONS AND EDUCATION.
	TOWAR SHOWIN INFOODER IN COMPARISATION AND EDUCATION.
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	CONFERENCE AND EDUCATION: LINKS MEMBERS AND NONMEMBERS WITH A STAKE I
	THE WIND POWER MARKET. PROVIDES NETWORKING, EDUCATION AND SHOWCASES LATEST PRODUCTS AND SERVICES.
	THIEDI LUODOCIO WAD DEVAICED.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	LEGISLATIVE AND REGULATORY: SUPPORT POLICIES TO ADVOCATE FOR THE
	INDUSTRY, WORKS AT A FEDERAL, REGIONAL AND STATE LEVEL TO IMPLEMENT
	CONSTRUCTIVE POLICIES THAT CREATE LONG TERM, STABLE MARKETS FOR THE
	WIND INDUSTRY.
1.0	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	COMMUNICATIONS AND PUBLIC BELATIONS. DROVIDES COOPDINATED AND ECOURDE
	COMMUNICATIONS AND PUBLIC RELATIONS: PROVIDES COORDINATED AND FOCUSED
	COMMUNICATIONS AND PUBLIC RELATIONS: PROVIDES COORDINATED AND FOCUSED OUTREACH TO THE PUBLIC MEDIA AND STAKEHOLDER GROUPS THROUGH ITS WEEKLY
	COMMUNICATIONS AND PUBLIC RELATIONS: PROVIDES COORDINATED AND FOCUSED OUTREACH TO THE PUBLIC MEDIA AND STAKEHOLDER GROUPS THROUGH ITS WEEKLY AND MONTHLY PUBLICATIONS, REPORTS, NEWS RELEASES, WEB SITE AND PLANNED
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	COMMUNICATIONS AND PUBLIC RELATIONS: PROVIDES COORDINATED AND FOCUSED OUTREACH TO THE PUBLIC MEDIA AND STAKEHOLDER GROUPS THROUGH ITS WEEKL AND MONTHLY PUBLICATIONS, REPORTS, NEWS RELEASES, WEB SITE AND PLANNE EVENTS.

F	000	100001
Form	990	(2009)

AMERICAN WIND ENERGY ASSOCIATION

Pa	TIN Checklist of Required Schedules			
			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	N/	A
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, IX, or X			ŝ
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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			
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			•
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1 E
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009)

932003 02-04-10

Form 990 (2009) AMERICAN WIND ENER Part IV Checklist of Required Schedules (continued) AMERICAN WIND ENERGY ASSOCIATION

3	Oneokist of negaties (contained)	· ·	_	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
22 ·	United States on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		<u>X</u>
	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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			*
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		ų	37
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ь	any tax-exempt bonds?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	N/	A
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b	N/	A
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
·a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
00	an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
31	contributions? <i>If</i> "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u>X</u>
	If "Yes," complete Schedule N, Part I	24		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		<u></u>
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	N/r	A
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Form 990 (2009)

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932004 02-04-10

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Form	990 (2009) AMERICAN WIND ENERGY ASSOCIATION		52-112	21931	. P	age 5
1	t V Statements Regarding Other IRS Filings and Tax Compliance			12		
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	5	9		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and i	1.100 C	ole gaming			
	(gambling) winnings to prize winners?			⇒ <u>1c</u>	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a		16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	ed by th	is return?		· _ ·	X
				<u>3b</u>	ļ	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
-	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	- <u>4a</u>		X
D	If "Yes," enter the name of the foreign country:	-	5 m. r	-		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank ar	nd			
E.c.	Financial Accounts.					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			. <u>5b</u>		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Registration Tax Shelter Transaction?			E.		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t		nization colleit	<u>୍ର 5c</u>		
vu	any contributions that were not tax deductible?	T		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribu			Jua		1
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		N/A			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	aoods		********		
	provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	persona	1			
	benefit contract?			. 7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont					
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required					<u></u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	-				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess bus				
	at any time during the year?		N/A	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			<u>9a</u>		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		annan anna
10	Section 501(c)(7) organizations. Enter:	1 1				
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		
11	Section 501(c)(12) organizations. Enter:	I. I				
	Gross income from members or shareholders N/A	11a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
10.	amounts due or received from them.)	11b		_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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Form 990 (2009)

AMERICAN WIND ENERGY ASSOCIATION

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.

Sec	tion A. Governing Body and Management					
		1	E		Yes	No
1 a	Enter the number of voting members of the governing body	1a	22			
b	Enter the number of voting members that are independent		22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi					
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervisi	on			
	of officers, directors or trustees, or key employees to a management company or other person?			3.		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 990 was filed	?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		5		X
6	Does the organization have members or stockholders?			6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more me governing body?			7a	x	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken					
	by the following:					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	And the second se			- 22	
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		Γ	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with those of the organization?			10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi			11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	9999. 7 99999999999999999999999999999999				
100	Does the organization have a written conflict of interact policy? If "No " as to lice 12		l i i i i i i i i i i i i i i i i i i i	4.0	v	0000000000

12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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 taxable entity during the year?	16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

NONE 17 List the states with which a copy of this Form 990 is required to be filed ▶

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for
	public inspection. Indicate how you make these available. Check all that apply.

Own website L Another's website X Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public.
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20 LISA R. WAGNER - 202-383-2501
 - 1501 M STREET NW, WASHINGTON, DC 20005

Form 990 (2009)

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

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

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. Use Schedule J-2 if additional space is needed.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees. 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 the organization did not compensate any current officer, director, or trustee.

(A)		(B)	1		((C)			(D)	(E)	(F)
Name and Title		Average			Pos		ì		Reportable	Reportable	Estimated
		hours	(cl	neck	all ·	that	app	ly)	compensation	compensation	amount of
		per	tor			Τ.,			from	from related	other
		week	direc				5		the	organizations	compensation
			stee o	ustee			ensat		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
			altri	onal tr		loyee	e comp		(** 2/103311100)		organization and related
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
			Ē	ŝ	£	Ϋ́,	돌을	Ē			9
DON FURMAN											
PRESIDENT		1.00	X		Х				0.	0.	0.
ED ING	-										
SECRETARY		1.00	X		Х			- · ·	0.	Ο.	0.
DAVID BLITTERSDORF									(1	
TREASURER		1.00	X		Х				0.	0.	0.
JAMES WALKER			[
PAST PRESIDENT		1.00	X						0.	0.	0.
BOB GATES							1				
AT-LARGE DIRECTOR		1.00	X						0.	0.	0.
CRAIG MATACZYNSKI											
DIRECTOR		1.00	х						0.	Ο.	0.
KAREN CONOVER										· · · · · · · · · · · · · · · · · · ·	
DIRECTOR		1.00	X						0.	0.	0.
DAVID DRESCHER										·······	
DIRECTOR		1.00	X						0.	0.	0.
DEAN GOSSELIN											
DIRECTOR		1.00	Х						0.	0.	0.
LARS MOLLER											
DIRECTOR		1.00	X						0.	Ο.	0.
HAL M. ROMANOWITZ											
DIRECTOR		1.00	X						0.	0.	0.
VICTOR ABATE											
PRESIDENT ELECT		1.00	X						0.	Ο.	0.
GABRIEL ALONSO											
DIRECTOR		1.00	X						0.	Ο.	0.
JOHN EBER											
APPOINTED DIRECTOR		1.00	X						0.	0.	0.
NED HALL											
DIRECTOR		1.00	X						0.	0.	0.
MICHAEL POLSKY										»	
APPOINTED DIRECTOR	_	1.00	x						0.	0.	0.
P. BARRY BUTLER	-										
AT-LARGE DIRECTOR		1.00	x						0.	0.	0.
	1										E 000 (0000)

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Form 990 (2009)

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Part VII Section A. Officers, Directors, T	rustees, Key E	mplo	oyee	es, ar	nd H	ligh	est	Compensated Employ	ees (continued)		ge i
(A)	(B)			(0			1	(D)	(E)	(F)	
Name and title	Average hours per		heck	Posi call t	tion		ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organization	on d
THOMAS CARNAHAN					1				v catalities		_
APPOINTED DIRECTOR	1.00	X						0.	0.		0
DECLAN FLANAGAN AT-LARGE DIRECTOR	1.00	x						0.	0.		0
RANDOLPH MANN											
APPOINTED DIRECTOR	1.00	X						0.	0.		0
KIMBERLY HARRIS											
APPOINTED DIRECTOR	1.00	X						0.	0.		0
ROBY ROBERTS											
DIRECTOR	1.00	X						0.	0.	1	0
DENISE BODE	50.00							F04 100			
CEO STEPHEN MINER	50.00				X			524,129.	0.	45,66	9
SENIOR VP OF CMBD	40.00				x			100 011	0	10.05	0
BRITT THEISMANN	40.00				A			186,911.	0.	12,95	2
COO/SENIOR VP	50.00				x			213,222.	0.	22 10	2
TOM GRAY	50.00				-			213,222.	0.	33,18	3
DIR. OF COMMUNICATIONS	40.00				X			152,881.	0.	24,92	5
ROBERT GRAMLICH								102/0010		21/52	-
SR. VP OF PUB. POLICY	40.00				x			238,014.	0.	33,84	0
1b Total								2,225,440.	0.		
2 Total number of individuals (including but compensation from the organization ►) wh	o re		000 in reportable		1
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			, key	/ emp	ploy	ee, d	or h	ighest compensated en	ployee on		No X
 For any individual listed on line 1a, is the s and related organizations greater than \$15 	um of reportab	le cc									
5 Did any person listed on line 1a receive or	accrue comper	nsati	on f	rom a	any	unre	alate	ed organization for servi	ces rendered to		
the organization? If "Yes," complete Sche Section B. Independent Contractors	dule J for such	oers	on .							5	X
and the second	omnonated in	lan	nde	nt		at -			100 000 of	-N- 6	
 Complete this table for your five highest c the organization. 	ompensated inc	epe	nde	nt cc	ontra	actor	ST	hat received more than S	5100,000 of compens	ation from	
(A)		_									-

(A) Name and business address	(B) Description of services	(C) Compensation
PROJECTION PRESENTATION TECHNOLOGY, 8351		
BRISTOL COURT, SUITE 111, JESSUP, MD 20794	A/V SERVICES	475,455.
THE ROSEN GROUP, 30 WEST 26TH STREET, 3RD		
FLOOR, NEW YORK, NY 10010	MEDIA SERVICES	334,995.
DESIGN DATA, 7606 LINDBERGH DRIVE,		
GAITHERSBURG, MD 20879	IT SUPPORT SERVICES	315,670.
LEADING AUTHORITIES	SPEAKER OUTREACH	
1990 M STREET, N.W., WASHINGTON, DC 20036	SERVICES	244,305.
PRINTING IMAGES		
12266-A WILKENS AVENUE, ROCKVILLE, MD 20853	2PRINTING SERVICES	209,555.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	, , , , , , , , , , , , , , , , , , ,
\$100,000 in compensation from the organization > 5		
SEE SCHEDULE J-2 FOR PART VII, SECTION	A CONTINUATION	Form 990 (2009)

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				D ENERGY	ASSOCIATIO	N	52-1121	931 Page 9
Pa					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts		 b Membership dues c Fundraising events d Related organizations e Government grants (contribut f All other contributions, gifts, gran similar amounts not included abo 	1c 1d tions) 1e its, and It	21,189. 1612445.	1			
Con		9 Noncash contributions included in lines b Totat Add lines to 16			1633634.			
Program Service 0	2	h Total. Add lines 1a-1f a CONFERENCES/MEE b DUES/STRAT. INI c INAUGURAL BALL d PUBLICATIONS	TINGS	Business Code 900099 900099 900099 900099		20,539,878. 9067382. 1184200. 333,542.		
Progr	1	ef All other program service reve g Total. Add lines 2a-2f		•	31,125,002.			
	3 4	Investment income (including other similar amounts) Income from investment of tax	x-exempt bond p	proceeds	4,687.			4,687.
		Royaltiesa Gross Rents b Less: rental expenses c Rental income or (loss)	(i) Real	(ii) Personal	81,656.			81,656.
	7 :	an and an an an and a set of the	(i) Securities 15,173,470. 15,220,003.	(ii) Other				
	•	c Gain or (loss) d Net gain or (loss) a Gross income from fundraising	-46533.		-46,533.			-46,533.
Other Revenue	ł	including \$ contributions reported on line Part IV, line 18 Less: direct expenses	of 1c). See a b					
	9 a	 c Net income or (loss) from fundraising events a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 						
	ł	 Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sales 	a b					
	11 a t	,		Business Code 900099	19,811.			19,811.
	¢	All other revenue			10 011	<u> </u>		
	، 12	 Total. Add lines 11a-11d Total revenue. See instructions. 			19,811.	31 135 000	0.	59,621.
332009	1	. Starrovanue, des instructions.		······	32,818,257.	31,125,002.	V •]	Form 990 (2009)

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Form 990 (2009)

AMERICAN WIND ENERGY ASSOCIATION Part IX Statement of Functional Expenses

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	All other organizations must comp not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	The second s		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
2	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members	196. III			
5	Compensation of current officers, directors,				
	trustees, and key employees	1,465,726.			
6	Compensation not included above, to disgualified			-	
č	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,616,839.			-
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	645,482.		2	
9	Other employee benefits	1,331,701.			
0	Payroll taxes	488,114.			
1	Fees for services (non-employees):				
а					
b	Legal	86,316.			
	Accounting	56,348.			
	Lobbying	997,183.			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		3,095,431.			
2	Advertising and promotion	3,747,383.			
3	Office expenses	1,157,519.	7		
4	Information technology				
5	Royalties				4
6	Occupancy	2,273,246.			
7	Travel	967,023.			
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	6,792,296.	2		
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	357,056.			
3	Insurance				
4	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled				
	miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.)				
а	CREDIT CARD FEES	702,593.			
b	DUES/REGIONAL INITIAT.	401,059.			
c	DUES AND SUBSCRIPTIONS	253,940.			
d	TEMPORARY EMPLOYMENT	185,627.			
e	COST OF GOODS SOLD	83,068.			
f	All other expenses	77,789.			
5	Total functional expenses. Add lines 1 through 24f	29,781,739.			
6	Joint costs. Check here Jif following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

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Form 990 (2009)

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Form 990 (2009) Part X Balance Sheet

AMERICAN WIND ENERGY ASSOCIATION

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0				(A) Beginning of year		(B) End of year
1	1 Cash - non-interest-bearing			-11,304.	1	-22,813
1.3	2 Savings and temporary cash investments	10,976,055.	2	17,944,748		
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net	Accounts receivable, net				344,956
	5 Receivables from current and former offic					
	employees, and highest compensated en		S (1			
	of Schedule L 6 Receivables from other disqualified perso				5	
	4958(f)(1)) and persons described in secti Part II of Schedule L		CAL PARTICULAR CONTRACTOR			
					6	
	7 Notes and loans receivable, net			14 467	7	22 0.00
1	8 Inventories for sale or use			14,467.	8	32,086
11 10 18	9 Prepaid expenses and deferred charges			244,467.	9	359,745
11	0a Land, buildings, and equipment: cost or c		2 606 700			
	basis. Complete Part VI of Schedule D		3,696,708. 981,754.	2 115 004		0 714 054
	b Less: accumulated depreciation			3,115,884.		2,714,954
1	,,			4,358,829.	11	3,275,372
12					12	
1:	1 0			- .	13	
14				0.0.4	14	
1	and the second	204,383.	15	169,783		
16		19,973,363.	16	24,818,831		
17	1. 2			1,405,263.	17	1,917,379
18	1 2		18			
19				7,187,289.	19	7,791,335
20					20	
2					21	
22						
	highest compensated employees, and dis	qualified perso	ons. Complete Part II			
	of Schedule L			·····	22	
23	• •			6.11 N. 11	23	
24	1				24	
25				2,442,837.	25	2,703,364
26				11,035,389.	26	12,412,078
	Organizations that follow SFAS 117, ch		X and complete			
1	lines 27 through 29, and lines 33 and 34					
27				8,931,423.	27	11,911,913
28				6,551.	28	494,840
29			·····		29	
	Organizations that do not follow SFAS 1					
	complete lines 30 through 34.					
30		Capital stock or trust principal, or current funds				
31		Paid-in or capital surplus, or land, building, or equipment fund				
32					32	
33	3 Total net assets or fund balances			8,937,974.	33	12,406,753
34				19,973,363.	34	24,818,831

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Form 990 (2009)				ASSOCIATION
Part XI Financia	Statements and R	enortin	1	

		-	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	25	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990 ((2009)

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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Employer identification number

Name of the organization

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

AMERICAN	WIND	ENERGY	ASSOCIATION	
Organization type (check one):				

52-1121931

Section:
X 501(c)(6) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

	For a section 501(c)(3) organization filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections
	509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2%
	of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990.EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

923451 02-01-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

AMERICAN WIND ENERGY ASSOCIATION

Pard Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b)	(c)	(d)
2	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
3		Aggregate contributions	Type of contribution Person X Payroll
	and the second s		
(a) No	(b) Name address and ZID + 4	(c)	(d)
(a) No. <u>4</u>	(b) Name, address, and ZIP + 4	(c) Aggregate contributions \$20,000.	(d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d)
<u>No.</u>	Name, address, and ZIP + 4	Aggregate contributions \$20,000.	Type of contribution Person X Payroll
No. 4 (a) No. 5 (a)	Name, address, and ZIP + 4	Aggregate contributions \$20,000. (c) Aggregate contributions \$10,000. (c)	Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.) (complete Part II Complete Part II if there is a noncash contribution.) (Complete Part II if there is a noncash contribution.) (d) Complete Part II if there is a noncash contribution.) Complete Part II if there is a noncash contribution.)
No. 4 (a) No. 5	Name, address, and ZIP + 4	Aggregate contributions \$	Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Image: Complete Part II if there is a noncash contribution.) (d) Type of contribution Complete Part II if there is a noncash contribution.)

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Employer identification number

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S	che	dule	в	(Form	990,	990-EZ,	or	990-Pf	F) (2009)

AMERICAN WIND ENERGY ASSOCIATION

Part I Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>8</u>		\$ <u>30,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u> 10 </u>		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u> 11 </u>		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
923452 02-01-10		\$\$\$\$\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2009)

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Employer identification number

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Schedule B	(Form 990,	990-EZ.	or 990-PF	(2009)
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AMERICAN WIND ENERGY ASSOCIATION

Contributors (see instructions)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>13</u>		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u> 14 </u>		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u> 15 </u>		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u> 16 </u>		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
17		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u>18</u>		\$\$\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2009)

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Schedule B	(Form 990,	990-EZ,	or 990-PF) (2009)
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Employer identification number 52-1121931

AMERICAN WIND ENERGY ASSOCIATION

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21		<u> </u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23		\$ <u>20,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Schedule B	l (Form 990,	990-EZ,	or 990-PF)	(2009)

AMERICAN WIND ENERGY ASSOCIATION

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Employer identification number 52-1121931

Parad Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	· · · ·	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
30		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2009)

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2009.04011 AMERICAN WIND ENERGY ASSOCI 00419

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Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

AMERICAN WIND ENERGY ASSOCIATION

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52-1121931

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
32		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) • Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
33		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
34		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
35		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
36		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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Schedule	в (Form	990,	990-EZ,	or	990-PF	•)	(2009

AMERICAN WIND ENERGY ASSOCIATION

Part I Contributors (see instructions)

(b)	(c)	(d)
Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	\$20,000.	Person X Payroll
(b)	(c)	(d)
Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
	\$ <u></u> \$000.	Person X Payroll Image: Complete Part II if there is a noncash contribution.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Aggregate contributions	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b)	(c)	(d)
Name, address, and ZIP + 4	Aggregate contributions \$	Type of contribution Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	Name, address, and ZIP + 4 Aggregate contributions \$ 20,000. (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (b) (c) Name, address, and ZIP + 4 Aggregate contributions (c) (a) (b) (c) Name, address, and ZIP + 4 Aggregate contributions

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Page Employer identification number

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political	Campaign	and	Lobbying	Activities
-----------	----------	-----	----------	------------

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.
- If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 - Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

AMERICAN WIND ENERGY ASSOCIATION	52-1121931
Part I-A Complete if the organization is exempt under section 501(c) or is a section 5	
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.	
2 Political expenditures	
3 Volunteer hours	
Part I-B Complete if the organization is exempt under section 501(c)(3).	
1 Enter the amount of any excise tax incurred by the organization under section 4955	
2 Enter the amount of any excise tax incurred by organization managers under section 4955	► \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	Yes No
4a Was a correction made?	Yes No
b If "Yes," describe in Part IV.	
Part I-C Complete if the organization is exempt under section 501(c), except section	501(c)(3).
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities	. ► \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527	
exempt function activities	
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,	
line 17b	. ► \$
4 Did the filing organization file Form 1120-POL for this year?	
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to	

For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a)_Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
, , , , , , , , , , , ,			· · · · · · · · · · · · · · · · · · ·		
			<u> </u>		
For Privacy Act and Papery	vork Reducti	on Act Notice, see the Instruct	ions for Form 990 or	990-EZ. Schedule C	(Form 990 or 990-EZ) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

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OMB No. 1545-0047

2009

Open to Public

Inspection

Employer identification number

Part II-A Complete if the organization (election under section 501	on is exempt under section 501(c)(3) and fil (h)).	ed Form 5768	
 A Check ▶ □ if the filing organization belon B Check ▶ □ if the filing organization check 	gs to an affiliated group. ed box A and "limited control" provisions apply.		
	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a leg	gislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and	d 1b)		
d Other exempt purpose expenditures			
	s 1c and 1d)		
f Lobbying nontaxable amount. Enter the amo			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		

g Grassroots nontaxable amount (enter 25% of line 1f)	
h Subtract line 1g from line 1a. If zero or less, enter -0-	
i Subtract line 1f from line 1c. If zero or less enter -0-	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
	- 1444			
	(a) 2006	(a) 2006 (b) 2007	(a) 2006 (b) 2007 (c) 2008	(a) 2006 (b) 2007 (c) 2008 (d) 2009

Schedule C (Form 990 or 990-EZ) 2009

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Schedule C (Form 990 or 990-EZ) 2009 AMERICAN WIND ENERGY ASSOCIATION 52-112193 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)		
		Yes	No	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
a	Volunteers?					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public?			-		
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?				1.00	
	Direct contact with legislators, their staffs, government officials, or a legislative body?			1		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			201		
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	111-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)(5)(5)(5)(5)(5)(5)(5)(5)(5)(5)(5)(5)	on 501(c)	(5), or se	ction		
	501(c)(6).				1 1	
	Ware automaticilly all (000) as more building and the data deviation of the second state of the second sta			Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?				X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			X		
Fai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 1 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 1 are answered "No" OR if Part III-A, lines 1 and 1 are answered "No" OR if Part III-A, lines 1 and 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 are answered "No" OR if Part III-A, lines 1 ar				I	
1	"Yes." Dues, assessments and similar amounts from members		1	9 06	7,382.	
2				9,00	1,302.	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	car				
			2a	5 06	9,358.	
	Current year				3,295.	
c	Carryover from last year				2,653.	
3	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				7,060.	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc			4,50	1,000.	
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p					
	expenditure next year?		4	1 22	5,593.	
5	Taxable amount of lobbying and political expenditures (see instructions)			1/25.	5,555.	
	IV Supplemental Information					
	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	d Dort II D	lina ti Al	o a martat	this cost	
	to be the provide the descriptions required for Part PA, line 1, Part PB, line 4, Part PG, line 5, and additional information.	io Part IPB,	inte n. Also	, complete	this part	
or al	y auditorial information.					

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Schedule C (Form 990 or 990-EZ) 2009

2009.04011 AMERICAN WIND ENERGY ASSOCI 00419 1 Schedule D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.



	nent of the Treasury Revenue Service		990. ► See separate instructions.	Open to Public Inspection
	e of the organizati			Employer identification number
000000000000000000000000000000000000000		AMERICAN WIND ENER		52-1121931
1591			ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organizatio	n answered "Yes" to Form 990, Part IV, lin		
			(a) Donor advised funds	(b) Funds and other accounts
		nd of year		
		utions to (during year)		
		from (during year)		
		t end of year		
			writing that the assets held in donor advised	
			exclusive legal control?	
			dvisors in writing that grant funds can be us	
			or donor advisor, or for any other purpose co	
Pel				
			ganization answered "Yes" to Form 990, Part	IV, line 7.
1		servation easements held by the organizati		
		of land for public use (e.g., recreation or p		ically important land area
		f natural habitat	Preservation of a certifie	d historic structure
2		of open space	Good and a second to a second star of the second star of the second star of the second star of the second star	
			fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year	•		
2	Total number of or	page vertice accomente		Held at the End of the Tax Year
		•	usture is alludad is. (a)	
			ucture included in (a) after 8/17/06	
	vear >	vation easements modified, transferred, rel	leased, extinguished, or terminated by the or	ganization during the tax
		 where property subject to conservation eas	amont in located	
		tion have a written policy regarding the per		
		orcement of the conservation easements it		Yes
			t holds? and enforcing conservation easements durir	
			enforcing conservation easements during the	
			ve satisfy the requirements of section 170(h)	
9	In Part XIV, descrit	be how the organization reports conservation	on easements in its revenue and expense st	
			tion's financial statements that describes the	
	conservation ease			organization's accounting for
1201			f Art, Historical Treasures, or Othe	er Similar Assets.
		the organization answered "Yes" to Form		
1a	If the organization	elected, as permitted under SFAS 116, no	t to report in its revenue statement and balar	nce sheet works of art, historical
			ducation, or research in furtherance of public	
		financial statements that describes these i		
			report in its revenue statement and balance	sheet works of art, historical treasures
			r research in furtherance of public service, p	
	these items:	. , , , , , , , , , , , , , , , , , , ,		anothe realing to
		uded in Form 990, Part VIII. line 1		▶ \$
			asures, or other similar assets for financial ga	
		ints required to be reported under SFAS 1		and be a second
				► \$
				*

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Schedule D (Form 990) 2009

Sche	edule D (Form 990) 2009 AMERICA	N WIND ENE	RGY ASSOC	IATION		52-1	12193	1 Page 2
Pa	t III Organizations Maintaining C				or Other	Similar Ass	sets (cont	inued)
3	Using the organization's acquisition, access							
	(check all that apply):							
а	Public exhibition	d	Loan or ex	change progr	ams			
b	Scholarly research	е	Other			30		
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further	the organizat	ion's exem	pt purpose in P	art XIV.	
5	During the year, did the organization solicit of							
	to be sold to raise funds rather than to be many	aintained as part of t	he organization's	collection?		[Yes	No
Pa	reported an amount on Form 990, Pa		te if organization	answered "Ye	s" to Form	990, Part IV, lir	e 9, or	
1 a	Is the organization an agent, trustee, custod							
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIV	and complete the fel	ininina talalar	******************		L	Yes	No
D	in res, explain the analigement in Part Alv	and complete the fol	lowing table:			[
	Peginaing belance						Amount	
c	Beginning balance Additions during the year		· · · · · · · · · · · · · · · · · · ·		•••••	10		
d e								
f	Distributions during the year							
	Ending balance Did the organization include an amount on F	orm 000 Port V line	042		•••••	1f		
	If "Yes," explain the arrangement in Part XIV.		217			······ L	Yes	No No
	TV Endowment Funds. Complete i		wored "Vee" to E	orm 000 Port	IV line 10			
S.80		(a) Current year	(b) Prior year	1			k (a) Four	unana haala
1a	Beginning of year balance	(a) Ourient year	(b) Flior year	(c) Two yea	IS DACK (O) Three years bac	K (e) Four	years back
ь	Contributions			-			-	
	Net investment earnings, gains, and losses			_				
	Grants or scholarships							
	Other expenditures for facilities							
e	and programs							
f	Administrative expenses			-				
	End of year balance			-				
2	Provide the estimated percentage of the yea	r and halanaa hald a						<u></u>
		r end balance held a	%					
b	Permanent endowment	%						
		<u></u> %						
	Are there endowment funds not in the posse	570	tion that are hold	and administ	waal far tha	overeninetien		
ou	by:	ssion of the organiza	don that are neid	and administe	ared for the	organization	Г	V N
								Yes No
	(i) unrelated organizations(ii) related organizations							-
h	If "Yes" to 3a(ii), are the related organizations							
4	Describe in Part XIV the intended uses of the					••••••••••••••••••••••••	3b	
	t VI Investments - Land, Building			0 Part X line	10			
30.000.000	Description of investment	(a) Cost or ot	10000000	st or other		umulated	(d) Book	
	Description of investment	basis (investm		s (other)		eciation	(a) BOOM	value
12	Land				Gopre			
b	Buildings							
0	Leasehold improvements		2.3	69,707.			2 360	707
4				27,001.	0.0	31,754.	2,303	9,707. 5,247.
	Equipment Other		1,5,	LIJUUI.	90	,1,1,540	54	1241.
8 hr	. Add lines 1a through 1e. (Column (d) must en		Cookime (D) li	10(0))		•	2 71	05/
Total	. Add miles ta through te. (Column (d) must e	ual Form 990, Part)	, column (B), líne	10(C).)				1,954.
						Schedu	ie D (Form	990) 2009

Schedule D	(Form 990) 20
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2009 AMERICAN WIND ENERGY ASSOCIATION

	(b) Book value		nod of valuation: -of-year market value
nancial derivatives			
osely-held equity interests			
her			
			Territori Carrieri Ca
Weenite Wards			
	<u>*</u>	· · · · · · · · · · · · · · · · · · ·	
in the second second			
al. (Col (b) must equal Form 990, Part X, col (B) line 12.) 🕨			
art VIII Investments - Program Related.	See Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		nod of valuation:
	(b) DOON Value	Cost or end	of-year market value
	····		
	<u></u>		
/			
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.) 🕨			
Part IX Other Assets. See Form 990, Part X, line	e 15.		
) Description		(b) Book value
	Description		(b) Book value
) Description		(b) Book value
) Description		(b) Book value
	Description		(b) Book value
) Description		(b) Book value
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) Description		(b) Book value
) Description		(b) Book value
) Description		(b) Book value
) Description		(b) Book value
(a			(b) Book value
(a tal. (Column (b) must equal Form 990, Part X, col (B) lin	e 15.)		(b) Book value
(a tal. (Column (b) must equal Form 990, Part X, col (B) lin art X Other Liabilities. See Form 990, Part X	e 15.)		(b) Book value
(a tal. (Column (b) must equal Form 990, Part X, col (B) lin	e 15.)	(b) Amount	(b) Book value
(a tal. (Column (b) must equal Form 990, Part X, col (B) lin art X Other Liabilities. See Form 990, Part X (a) Description of liability	e 15.)		(b) Book value
(a tal. (Column (b) must equal Form 990, Part X, col (B) lin art X Other Liabilities. See Form 990, Part X (a) Description of liability deral income taxes	e 15.)	(b) Amount	(b) Book value
(a tal. (Column (b) must equal Form 990, Part X, col (B) lin art X Other Liabilities. See Form 990, Part X (a) Description of liability deral income taxes	e 15.)		(b) Book value
(a tal. (Column (b) must equal Form 990, Part X, col (B) lin art X Other Liabilities. See Form 990, Part X (a) Description of liability deral income taxes	e 15.)	(b) Amount	(b) Book value
(a tal. (Column (b) must equal Form 990, Part X, col (B) lin art X Other Liabilities. See Form 990, Part X (a) Description of liability deral income taxes	e 15.)	(b) Amount	(b) Book value
(a tal. (Column (b) must equal Form 990, Part X, col (B) lin art X Other Liabilities. See Form 990, Part X (a) Description of liability deral income taxes	e 15.)	(b) Amount	(b) Book value
(a tal. (Column (b) must equal Form 990, Part X, col (B) lin art X Other Liabilities. See Form 990, Part X (a) Description of liability deral income taxes	e 15.)	(b) Amount	(b) Book value
(a tal. (Column (b) must equal Form 990, Part X, col (B) lin art X Other Liabilities. See Form 990, Part X (a) Description of liability deral income taxes	e 15.)	(b) Amount	(b) Book value
(a tal. (Column (b) must equal Form 990, Part X, col (B) lin art X Other Liabilities. See Form 990, Part X (a) Description of liability deral income taxes	e 15.)	(b) Amount	(b) Book value
(a otal. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X	e 15.)	(b) Amount	(b) Book value
(a tal. (Column (b) must equal Form 990, Part X, col (B) lin art X Other Liabilities. See Form 990, Part X (a) Description of liability deral income taxes	e 15.)	(b) Amount	(b) Book value
(a tal. (Column (b) must equal Form 990, Part X, col (B) lin art X Other Liabilities. See Form 990, Part X (a) Description of liability deral income taxes EFERRED RENT	e 15.)	(b) Amount 2,703,364.	(b) Book value
(a tal. (Column (b) must equal Form 990, Part X, col (B) lin art X Other Liabilities. See Form 990, Part X (a) Description of liability deral income taxes	e 15.)	(b) Amount 2,703,364. 2,703,364.	

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	dule D (Form 990) 2009 AMERICAN WIND ENERGY ASSOCI					-1121931	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to			cial St	atemei	and the second se	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		32,818	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		29,781	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		3,036	,518.
4	Net unrealized gains (losses) on investments			4		432	,261.
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9		432	,261.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10	2010	3,468	,779.
Ra	t XII Reconciliation of Revenue per Audited Financial Statemer						
1	Total revenue, gains, and other support per audited financial statements				1	33,669	,568.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments		43	2,26	1.		
	Donated services and use of facilities		41	9,05	0.		
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d	-				
е	Add lines 2a through 2d				2e		,311.
3	Subtract line 2e from line 1					32,818	,257.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					
с	Add lines 4a and 4b				4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	32,818	,257.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expe	enses p	per Ret	urn	
1	Total expenses and losses per audited financial statements				1	30,200	,789.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities	2a	41	9,05	0.		
b	Prior year adjustments	2b					
c	Other losses	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e	419	,050.
3	Subtract line 2e from line 1					29,781	,739.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					
с	Add lines 4a and 4b						0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					29,781	,739.
Pa	t XIV Supplemental Information						
Com	blete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a	and 4; Pa	rt IV, line	s 1b and	2b; Part V, line	4; Part
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple					al information.	
PAF	T X: IN JUNE 2006, THE FINANCIAL ACCOUNTIN	G ST	ANDAR	DS B	OARD		
(FF	SB) RELEASED FASB ASC 740-10, INCOME TAXES	, TH	AT PR	OVID	ES GU	JIDANCE H	FOR
REE	PORTING UNCERTAINTY IN INCOME TAXES. FOR TH	E YE	AR EN	DED	DECEM	IBER 31,	
0.00							
200	9, THE ASSOCIATION HAS DOCUMENTED ITS CONS	IDER	ATION	OF	FASB	ASC	
740	-10 AND DETERMINED THAT NO MATERIAL UNCERT	ATN	ТАХ Р	OSTT	TONS	OUALTEY	FOR
						K. VIIIIII	2.011
EIJ	HER RECOGNITION OR DISCLOSURE IN THE FINAN	CIAL	STAT	EMEN	TS.		

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Schedule D (Form 990) 2009

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SCHEDULE J Form 990) Pepartment of the Treasury For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Department of the Treasury Complete if the organization answered "Yes" to Form 990, Part IV, line 23. Attach to Form 990. See separate instructions.					
Attach to	Form 990. See separate instructions.				
AMEDICAN MIND	ENERCY ACCOUNTON	and the second s			
		52-	1121931	8	
jarding Compensation					
				Yes No	
ig account		auffeur, cher)			
1a are checked, did the ora:	anization follow a written policy recording power	unt or			
			44	x	
			10	<u>~</u>	
				x	
reactive billeater, regularing th			····· <u> </u>	<u>~</u>	
he following the organization	uses to establish the compensation of the organ	nization's			
	see to cetabler the compensation of the orga	Inzation's			
	Written employment contract				
		neation committee			
		isation committee			
erson listed in Form 990. Par	t VII. Section A, line 1a, with respect to the filing				
	the fact with the fact with the poor to the ming				
and the second	ment?		42	x	
avment from, a supplementa	I nonqualified retirement plan?		4b	X	
				X	
d 501(c)(4) organizations m	ust complete lines 5-9.				
		pensation			
s of:					
			5a		
			5b		
escribe in Part III.					
990, Part VII, Section A, line	1a, did the organization pay or accrue any com	pensation			
ings of:					
			6a		
escribe in Part III.					
990, Part VII, Section A, line	1a, did the organization provide any non-fixed p	ayments			
			7		
			8		
			9		
	Complete if the Attach to Attach to AMERICAN WIND garding Compensation (es) if the organization provide travel and gross-up payments ing account 1a are checked, did the organization and gross-up payments ing account 1a are checked, did the organization cre substantiation prior to reine ecutive Director, regarding the the following the organization check all that apply. initee insation consultant ganizations erson listed in Form 990, Par rganization: nent or change-of-control pay ayment from, a supplemental ayment from, an equity-base c, list the persons and provid d 501(c)(4) organizations m 990, Part VII, Section A, line ings of: escribe in Part III. 990, Part VII, Section A, line ings of: escribe in Part III. 990, Part VII, Section A, line ings of: escribe in Part III. 990, Part VII, Section A, line ings of: escribe in Part III. 990, Part VII, Section A, line ings of: escribe in Part III. 990, Part VII, Section A, line ings of: escribe in Part III. 990, Part VII, Section A, line ings of: escribe in Part III. 990, Part VII, Section A, line ings of: escribe in Part III. 990, Part VII, Section A, line ings of: escribe in Regs. section 53 rganization also follow the rel	Compensated Employees Complete if the organization answerd "Yes" to Form 990, Part IV, line 23. Attach to Form 990. See separate instructions. AMERICAN WIND ENERGY ASSOCIATION garding Compensation X(es) if the organization provided any of the following to or for a person listed Complete Part III to provide any relevant information regarding these items travel Housing allowance or residence travel Housing allowance or residence Bard gross-up payments Payments for business use of pe and gross-up payments Payments for business use of pe and gross-up payments Payments for business use of pe and gross-up payments Personal services (e.g., maid, chr a are checked, did the organization follow a written policy regarding payme on of all of the expenses described above? If "No," complete Part III to explai re substantiation prior to reimbursing or allowing expenses incurred by all off secutive Director, regarding the items checked in line 1a? he following the organization uses to establish the compensation of the organizations ent or change-of-control payment? ayment from, an equity-based compensation arrangement? c, list the persons and provide the applicable amounts for each item in Part I d 501(c)(4) organizations must complete lines 5-9. 990, Part VII, Section A, line 1a, did the organization pay or accrue any com ings of: secribe in Part III. 990, Part VII, Section A, line 1a, did the organization pay or accrue any com ings of: secribe in Part III. 990, Part VII, Section A, line 1a, did the organization provide any non-fixed p d 67 if Yes," describe In Part III granization also follow the rebuttable presumption provedure described in granization also follow the rebuttable presumption procedure described in granization also follow the rebuttable presumption procedure described in granization also follow the rebuttable presumption procedure described in granization also follow the rebuttable presumption procedure described in granization also follow the rebuttable presumption procedure described in g	Complete if the organization answerd "Yes" to Form 990, Pert IV, line 23. Employer Attach to Form 990. > See separate instructions. Employer AMERICAN WIND ENERGY ASSOCIATION 52 - garding Compensation 52 - x(es) if the organization provided any of the following to or for a person listed in Form 990, . Complete Part III to provide any relevant information regarding these items. 52 - . Complete Part III to provide any relevant information regarding these items. • . Complete Part III to provide any relevant information regarding these items. • . Complete Part III to provide any relevant information regarding these items. • . Complete Part III to provide any relevant information regarding these items. • . Complete Part III to provide any relevant information regarding these items. • . Complete Part III to provide any relevant information regarding these items. • . Complete Part III to provide any relevant information regarding these items. • . Complete Part III to provide any relevant information regarding these items. • . Complete Part III to provide any relevant information regarding the set items. • . Complete Part III. • • . Complete Part III. • • . a continue the exp	Compete if the organization answered "Yes" to Form 990, Part IV, line 23. ∠ Attach to Form 990. ∠ Best answered "Yes" to Form 990, Part IV, line 23. ∠ Match to Form 990. ∠ Best answered "Yes" to Form 990, Inspect Complexe if the organization provided any of the following to or for a person listed in Form 990, Complexe if the organization provide any relevant information regarding these items. Employer identification 52 – 1121931 garding Compensation	

52-1121931 AMERICAN WIND ENERGY ASSOCIATION Schedule J (Form 990) 2009

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	neurement and other deferred compensation	Nontaxable benefits	l otal of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
1	0	437,329.	86,800.	• 0	41,530.	4,139.	569,798.	0.
DENISE BODE	(ii)	0	• 0	• 0	•0	•0	.0	.0
	(1)	156,911.	30,000.	• 0	11,998.	954.	199,863.	
STEPHEN MINER		•	.0	.0		• 0	.0	0.
	0	178,222.	35,000.	0	32,081.	1,102.	246,405.	• 0
BRITT THEISMANN			ł	•0			• 0	•0
	Ξ	135,881.	17,000.	0.	21,227.	3,698.	177,806.	0.
TOM GRAY	(ii)	- 1		0.	• 0	• 0	.0	0.
	Θ	203,014.	35,000.	• 0	32,954.	886.	271,854.	0
ROBERT GRAMLICH	(ii)	• 0		• 0	.0	•0	.0	0.
	Ξ	130,225.	15,00	0.	14,973.	575.	160,773.	.0
GENE GRACE	(ii)	• 0		• 0	.0	• 0	.0	0
	Ξ	127,115.	10,50	• 0	21,263.	3,357.	162,235.	.0
JUNE LANE	(ii)	•0	•0	.0	.0	.0	• 0	0.
	Ξ	119,380.	17,000.	• 0	22,350.	460.	159,190.	.0
HANS DETWEILER	(ii)	.0	• 0	• 0	•0	• 0	.0	.0
	Ξ	352,880.	.0	• 0	46,250.	8,646.	407,776.	•0
RANDALL SWISHER	0	.0	.0	• 0	• 0	• 0	.0	0.
	Ξ							
			F					
	8							-
	Ξ							
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SCHEDULE J-2

(Form 990)

Continuation Sheet for Form 990

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. Department of the Treasury Internal Revenue Service

See the Instructions for Form 990.



Name of the Organization Employer Identification number AMERICAN WIND ENERGY ASSOCIATION 52-1121931 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (A) (B) (C) (D) (E) (F) Name and title Average Position Reportable Reportable Estimated hours (check all that apply) compensation compensation amount of per from from related other week Highest compensated employee the organizations compensation Individual trustee or director organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization Institutional trustee and related Key employee organizations Officer Former GENE GRACE SENIOR COUNSEL 40.00 Х 145,225. 0. 15,548. TOM VINSON DIR. - FED. REG. AFFAIRS 40.00 Х 138,183. 0. 9,528. JUNE LANE DIR. OF H.R. 40.00 Х 137,615 0. 24,620. HANS DETWEILER DIR. - STATE REGULATIONS 40.00 Х 136,380. 0. 22,810. RANDALL SWISHER ADVISOR 30.00 Х 352,880. 0. 54,896.

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

Schedule J-2 (Form 990) 2009

932201 02-02-10

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990. OMB No. 1545-0047

AMERICAN WIND ENERGY ASSOCIATION

Employer identification number 52-1121931

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEMBERSHIP SERVICES - PROVIDES ACCESS TO INDUSTRY INFORMATION,

NETWORKING, DISCOUNTED RATES FOR CONFERENCE AND EDUCATION.

CONTRACTS - DEPARTMENT OF ENERGY FUNDING FOR SMALL WIND ISSUES.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS TWELVE LEVELS OF MEMBERHSIP WHICH ARE DETERMINED BY THE REVENUE GENERATED BY THE WIND INDUSTRY.

FORM 990, PART VI, SECTION A, LINE 7A: ADVOCATE AND ASSOCIATE LEVELS MAY VOTE FOR THREE AT-LARGE BOARD SEATS AND THREE OFFICER SEATS. CORPORATE 1-7 AND UTILITY 1-3 MEMBERS VOTE FOR THE THREE AT-LARGE BOARD POSITIONS, THREE REGULAR POSITIONS AND THREE OFFICER POSITIONS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. A COPY OF THE FORM 990 IS GIVEN TO THE AUDIT COMMITTEE, WHICH REVIEWS IT AND REPORTS TO THE BOARD. A FINAL COPY IS THEN PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 12C: AN ATTORNEY IS PRESENT AT ALL MEETINGS. PRIOR TO THE START OF EACH MEETING, THE ATTORNEY ASKS IF ANYONE HAS A CONFLICT OF INTEREST AND IF SO TO MAKE IT KNOWN. IF A CONFLICT ARISES, THE CONFLICTED PERSON WOULD EXCUSE THEMSELVES FROM THE MEETING. SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990

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



AMERICAN WIND ENERGY ASSOCIATION

Employer identification number 52-1121931

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE CEO AND

EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD USING COMPARABLE DATA. KEY

EMPLOYEES COMPENSATION IS REVIEWED BY THE COMPENSATION COMMITTEE. THERE IS

CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

1

Form 990

** PUBLIC DISCLOSURE COPY **

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

2 8 Open to Public Inspection

OMB No. 1545-0047

	The organization may	/ have to use a copy	of this return to s	satisfy state re	porting requirements.
--	----------------------	----------------------	---------------------	------------------	-----------------------

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.							
A For the 2008 calendar year, or tax year beginning and ending			Inspection				
-	B Check If applicable: Please C Name of organization			D Employer identification number			
		440 1110					
Addres		s label or print or	AMERICAN WIND ENERGY ASSOCIATION				
	Name change	type.	Doing Business As	52-112	1931		
	Initial return	See Specific	Number and street (or P.O. box if mail is not delivered to street address) Room/sult				
	Termin- ation	Instruc-	1501 M STREET, N.W. 1000		3-2501		
Amende return Applica- tion pending		- 10113,	City or town, state or country, and ZIP + 4	the second se	29,938,019.		
		^{na} WASHINGTON, DC 20005 ^{ng} F Name and address of principal officer: DENISE BODE		H(a) Is this a group retur	for affiliates?		
			ABOVE	H(b) Are all affiliates include	[manual [manual]		
1	Тах-ехе		IS: X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list			
			W.AWEA.ORG	H(c) Group exemption n			
-				ar of formation: 1974 M St			
P		Summ					
e.	1 1	3riefly de	scribe the organization's mission or most significant activities: SEE PART	III, LINE 1			
Governance	.						
lêr n			s box 🕨 🛄 if the organization discontinued its operations or disposed of mo	· · · · ·	01		
ĝ			f voting members of the governing body (Part VI, line 1a)		<u>21</u> 21		
ళ			f independent voting members of the governing body (Part VI, line 1b)		65		
itie	6	Total num	ber of employees (Part V, line 2a) ber of volunteers (estimate if necessary)		26		
Activities &			s unrelated business revenue from Part VIII, line 12, column (C)		0.		
Ā	1	-	ated business taxable income from Form 990-T, line 34		0.		
				Prior Year	Current Year		
Ð	8	Contribut	ions and grants (Part VIII, line 1h)	867,965.	117,402.		
Revenue	1	•	service revenue (Part VIII, line 2g)	12,620,238.	21,908,297.		
Rev			nt income (Part VIII, column (A), lines 3, 4, and 7d)	<u>448,976.</u> 69,495.	358,878.		
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			140,151.		
			nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,006,674. 5,525.	22,524,728.		
			d similar amounts paid (Part IX, column (A), lines 1-3)	5,525.			
	1		paid to or for members (Part IX, column (A), line 4)	4,112,879.	6,151,653.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)					
per	b		Iraising expenses (Part IX, column (D), line 25)	······			
ũ	17		benses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,012,616.	13,487,237.		
			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,131,020.	19,638,890.		
		Revenue less expenses. Subtract line 18 from line 12		1,875,654.	2,885,838.		
Net Assets or	2001			Beginning of Year	End of Year		
Sset	20		ets (Part X, line 16)	11,793,895.	19,973,363.		
let A	21		lities (Part X, line 26)	5,885,968. 5,907,927.	<u>11,035,389</u> . 8,937,974.		
-			s or fund balances. Subtract line 21 from line 20	5,507,527.	0,951,974.		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							
Sign Here							
		Sig	nature of officer	Date			
		DENISE BODE, CHIEF EXECUTIVE OFFICER					
		🕨 Тур	e or print name and title				
Pa	d	Preparer'		Self- (see instru	identifying number ctions)		
	parer's	signature Firm's nam		employed			
Us	e Only	yours if self-emplo	Gialinan', Kobemberg & Friedbian	рн	······································		
		address, a ZIP + 4	BETHESDA, MARYLAND 20814-2930	Phone no. ► (3)	01) 951-9090		
Ma	v the li						
May the IRS discuss this return with the preparer shown above? (see instructions) LX Yes No B32001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)							

	Open (2008) AMERICAN WIND ENERGY ASSOCIATION t III Statement of Program Service Accomplishments (see instructions)	52-1121931 P
1	Briefly describe the organization's mission:	
	THE MISSION OF THE AMERICAN WIND ENERGY ASSOCIATION POWER GROWTH THROUGH ADVOCACY, COMMUNICATION AND EL	
	POWER GROWTH THROUGH ADVOCACY, COMMUNICATION AND EL	JUCATION.
2	Did the organization undertake any significant program services during the year which were not listed	on
	the prior Form 990 or 990 EZ?	
	If "Yes", describe these new services on Schedule O.	services?
	Did the organization cease conducting, or make significant changes in how it conducts, any program s If "Yes", describe these changes on Schedule O.	
	Describe the exempt purpose achievements for each of the organization's three largest program service	ces by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a	mount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	MEMBERSHIP/EDUCATION, CONFERENCE AND EXHIBITION: LI NONMEMBERS WITH A STAKE IN THE WIND POWER MARKET. E	
	EDUCATION AND SHOWCASES LATEST PRODUCTS AND SERVICE	
		·
		·
	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	POLICY AND LEGISLATIVE AFFAIRS: SUPPORT POLICIES TO	
	INDUSTRY, WORKS AT A FEDERAL, REGIONAL AND STATE LE CONSTRUCTIVE POLICIES THAT CREATE LONG TERM, STABLE	
	WIND INDUSTRY.	
		· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	COMMUNICATION AND INDUSTRY INFORMATION: PROVIDES CO FOCUSED OUTREACH TO THE PUBLIC MEDIA AND STAKEHOLD	DORDINATED AND ER GROUPS THROUGH :
	WEEKLY AND MONTHLY PUBLICATIONS, REPORTS, NEWS RELI	
	PLANNED EVENTS.	
	· · · · · · · · · · · · · · · · · · ·	
4d	Other program services. (Describe in Schedule O.)	·
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ►\$ (Must equal Part IX, Line 25, cc)	<i>olumn (B).)</i> Form 990

Form 990 (2008)	AMERICAN	WIND	ENERGY	ASSOCIATION
Part IV Checklist of B	equired Scher	lules		

Par	t IV Checklist of Required Schedules			
			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
Ŭ	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
Ŭ	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,	0		- 23
1		7		x
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	· · · ·	<u>^</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			Į
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			37
	located outside the United States? If "Yes," complete Schedule F, Part II	15	······	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20 /	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		X
	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	<u> </u>	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		1	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b	ļ	ļ
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule I, Part III	27	1	X

Form **990** (2008)

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Form 990 (2008) AMERICAN WIND ENERGY ASSOCIATION Part IV Checklist of Required Schedules (continued)

52-1121931 Page 4

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		Х
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	· ·		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
		Form	990	(2008)

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Form	990 (2008) AMERICAN WIND ENERGY ASSOCIATION 52-1121	931	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
h			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter 0- if not applicable 1a 61			
b	Enter the number of Forms W-2G included in line 1a. Enter ·0· if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		
	filed for the calendar year ending with or within the year covered by this return 2a 65			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	[
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O	3b	•	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			L
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
. b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	_		
_	Tax Shelter Transaction?	5c		37
	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
c		7c		
Ь	to file Form 8282?			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	-		
Ŭ	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
ģ	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	1
-	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098 C as required?	7h	<u> </u>	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)		<u> </u>	
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			1
	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter: N/A	1		
а	Initiation fees and capital contributions included on Part VIII, line 12		-	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1
11	Section 501(c)(12) organizations. Enter: N/A			
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ĺ		
	amounts due or received from them.)	<u> </u>		ļ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b			<u> </u>
		Form	1990	(2008)

832005 12-18-08

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AMERICAN WIND ENERGY ASSOCIATION

52-1121931 Page 6

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
	······································		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.		:	
1a	Enter the number of voting members of the governing body 1a 21			
b	Enter the number of voting members that are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	·		
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Х
b				
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X
Sec	tion B. Policies			
			Yes	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	In Schedule O how this is done	120		

	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
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:			
а	The organization's CEO, Executive Director, or top management official?	15a	Х	
b	Other officers or key employees of the organization?	15b	Х	
	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			
	taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
800	tion C. Disclosure			

Juon C. Disclosure

Form 990 (2008)

NONE 17 List the states with which a copy of this Form 990 is required to be filed

18	Section 6104 requires an organ	ization to make its Form	s 1023 (or 1024 if applicab	le), 990, and 990-T (5	01(c)(3)s only) availabl	e for
	public inspection. Indicate how	you make these availab	le. Check all that apply.	,		
	Own website	nother's website	X Upon request			
40		7 1.10 L		the second se	(II - 1 (1 - 1 1 II II	

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public.

6

20	State the name, physical address	, and telephone number of the person who possesses the books and records of the organization: \blacktriangleright	۶
	LISA R. WAGNER -	202-383-2501	

1501 M STREET NW WASHINGTON, DC 20005

2008.06000 AMERICAN WIND ENERGY ASSOCI 00419__1

Form 990 (2008)

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

Gheck this box if the organization did not compensate any officer, director, trustee, or key employee.

(A)	(B)	Í		((C)			(D)	(E)	(F)
Name and Title	Average		ł	•	ition			Reportable	Reportable	Estimated
	hours	(c	heck	k all i	that	app	ly)	compensation	compensation	amount of
	per	tor						from	from related	other
	week	1 dîrec				ed		the organization	organizations (W-2/1099-MISC)	compensation from the
		stee o	listee			ensat		(W-2/1099-MISC)	(***2/1099****100)	organization
· · · · ·		al trus	t public		loyee	comp.				and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizations
		=	=	B	×	Ξ 5	æ		······································	
JAMES WALKER	1 00								0	
PRESIDENT	1.00	X	ļ	X	ļ	 		0.	0.	0.
DAVID BLITTERSDORF										
TREASURER	1.00	X		X		ļ	L	0.	0.	0.
ED ING					1					
SECRETARY	1.00	X		X	ļ	ļ	ļ., "	0.	0.	0.
DON FURMAN			1							
PRESIDENT ELECT	1.00	X						0.	0.	0.
BOB GATES	1									
PAST PRESIDENT	1.00	X	ļ		ļ	ļ	·	0.	0.	0.
JENS SOBY										
AT-LARGE DIRECTOR	1.00	X						0.	0.	0.
CRAIG MATACZYNSKI										
AT-LARGE DIRECTOR	1.00	X	ļ	ļ				0.	0.	0.
BRIAN MCNIFF	1		ļ							
AT-LARGE DIRECTOR	1.00	X	ļ	ļ	ļ			0.	0.	0.
KAREN CONOVER	1									
DIRECTOR	1.00	X	ļ				ļ	0.	0.	0.
DAVID DRESCHER							1			
DIRECTOR	1.00	X	_				ļ	0.	0.	0.
DEAN GOSSELIN	1 00							0		0
DIRECTOR	1.00	X						0.	0.	0.
JERRY GRUNDTNER	1 1 00	37						0.	o.	0.
DIRECTOR	1.00	X				 		U.	U •	<u> </u>
LARS MOLLER	1 00	x						0.	0.	0
DIRECTOR HAL M. ROMANOWITZ	1.00	<u> </u> ▲		+	<u> </u>			<u> </u>	U.	0.
DIRECTOR	1.00	x						0.	0.	0.
VICTOR ABATE	1.00	^		<u> </u>				<u> </u>	U.	<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
GABRIEL ALONSO	1.00	1				+		ļ	V•	<u></u>
APPOINTED DIRECTOR	1.00	x						0.	0.	0.
PAUL BONAVIA	1 1.00	^				+		· · · · ·	0 ,	<u> </u>
APPOINTED DIRECTOR	1.00	x		1	1			0.	0.	0.
B32007 12-18-08	1 4.00	1 22		-l	- I	1			<u> </u>	Form 990 (2008)
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APPOINTED DIRECTOR1.00 X0.0.0.NED HALL APPOINTED DIRECTOR1.00 X0.0.0.0.ROBERT LUKEFAHR APPOINTED DIRECTOR1.00 X0.0.0.0.MICHAEL POLSKY APPOINTED DIRECTOR1.00 X0.0.0.0.EDWARD W. ZAELKE PAST PRESIDENT1.00 X0.0.0.0.RANDALL SWISHER CEO40.00 X298,083.0.40,833.MARY CHILDRESS DIR. OF FINANCE/ADMIN40.00 X186,702.0.28,136.GREG WETSTONE SR. DIR. PUBLIC AFFAIRS40.00 X241,702.0.37,575.ROBERT GRAMLICH DIRECTOR OF POLICY40.00 X198,548.0.28,556.	Form 990 (2008) AMERICAN									52-11	21	931	Р	age 8
week week <t< td=""><td>(A)</td><td>(B) Average</td><td></td><td></td><td>(C Posi</td><td>C) Itlon</td><td>I</td><td></td><td>(D) Reportable</td><td>(E) Reportable</td><td colspan="2">(E) portable</td><td>timate</td><td></td></t<>	(A)	(B) Average			(C Posi	C) Itlon	I		(D) Reportable	(E) Reportable	(E) portable		timate	
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APPOINTED DIRECTOR 1.00 X 0.0.0.0. ROBERT LUKEFAHR 1.00 X 0.0.0.0.0. ROBERT LUKEFAHR 1.00 X 0.0.0.0.0.0. MICHARL POLSKY 1.00 X 0.0.0.0.0.0.0.0. RAPPOINTED DIRECTOR 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	JOHN EBER APPOINTED DIRECTOR	1.00	x						0.		ο.	Ţ		0.
ROBERT LUKEFAHR 1.00 x 0.0.0.0.0.0. APPOINTED DIRECTOR 1.00 x 0.0.0.0.0.0.0. APPOINTED DIRECTOR 1.00 x 0.0.0.0.0.0.0.0. PAST PRESIDENT 1.00 x 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1.00	x						0.		ο.			0.
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CEO 40.00 X 298,083. 0.40,833. MARY CHILDRESS 40.00 X 186,702. 0.28,136. GREG WETSTONE 40.00 X 198,548. 0.28,136. GREG WETSTONE 0.00 X 198,548. 0.28,136. GREG WETSTONE 0.00 X 198,548. 0.28,556. STEPHEN MINER 0.00 X 152,574. 0.24,371. DIRECTOR OF CONFERENCE 40.00 X 1,077,609. 0.159,471. 2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable 17 Yes No 1 177,609. 159,471. 2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable 17 Yes No 1 177,609. 159,471. 2 Total number of individual (including those in 1a) who received more than \$100,000 in reportable 17 Yes No 1 177,76,609. 159,471. 3 Did the organization if rom the organization and other compensation from the organization and related organization greaterian \$150,0000 if 'ves_s' complete Scheduie J for such individual	PAST PRESIDENT	1.00	x						0.		0.			0.
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SR. DIR. PUBLIC AFFAIRS 40.00 X 241,702. 0. 37,575. ROBERT GRAMLICH 40.00 X 198,548. 0. 28,556. STEPHEN MINER 0.00 X 152,574. 0. 24,371. DIRECTOR OF POLICY 40.00 X 152,574. 0. 24,371. 1b Total 1.077,609. 0. 159,471. 2 101 the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "res," complete Schedule J for such individual 1 3 X 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "res," complete Schedule J for such individual 4 X 4 For any individual listed on line 1a, is the sum of reportable compensation from any unrelated organization of a revices rendered to the organization? 4 X 5 Did any person listed on line 1a receive a accrue compensation from any unrelated organization from "the organization? 5 X 4 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization from the organization? 6 Compensation from the organization from the organization from the organization of services Compensation from 1 Cota	DIR. OF FINANCE/ADMIN	40.00			x				186,702.		0.	2	8,1	.36.
DIRECTOR OF POLICY 40.00 X 198,548. 0. 28,556. STEPHEN MINER DIRECTOR OF CONFERENCE 40.00 X 152,574. 0. 24,371. Director OF CONFERENCE 40.00 X 1,077,609. 0. 159,471. 2 Total number of inclviduals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 17 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 1 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X 5 Did any person listed on line 1a, is the sum of reportable compensation from the organization for services rendered to the organization? 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 5 X Suttree 110.0, WASHINGTON, DC 20006 LOBBYING CONSULTANT 120,000. 120,000. 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ <td< td=""><td>SR. DIR. PUBLIC AFFAIRS</td><td>40.00</td><td></td><td></td><td></td><td>x</td><td>ļ</td><td></td><td>241,702.</td><td></td><td>0.</td><td>3</td><td>7,5</td><td>75.</td></td<>	SR. DIR. PUBLIC AFFAIRS	40.00				x	ļ		241,702.		0.	3	7,5	75.
DIRECTOR OF CONFERENCE 40.00 X 152,574. 0.24,371. 15 Total 1,077,609. 0.159,471. 2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 17 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other companization from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 3 X 5 Did any person listed on line 1a, is the sum of reportable compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 4 Omplete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 6 Compensation MICHAEL ANDREWS, 818 CONNECTICUT AVE NW LOBBYING CONSULTANT 120,000. 120,000. 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization > 1 1 Form 990 (2008) 8 8 5 2 5 2 5 2 2 Total number of indepen	DIRECTOR OF POLICY	40.00				x			198,548.		0.	2	8,5	56.
2 Total number of individuals (including those in 1a) who received more than \$100,000 In reportable compensation from the organization 17 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such Individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Section B. Independent Contractors 6 Compensation from the organization for 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 6 CO MICHAEL ANDREWS , 818 CONNECTICUT AVE NW SUITE 1100 , WASHINGTON , DC 20006 LOBBYING CONSULTANT 120 , 000 . 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensatio	DIRECTOR OF CONFERENCE											2	$\frac{4}{3}, \frac{3}{4}$	71.
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 6 (C) 1 Complete Schedule J Conscut AVE NW LOBBYING CONSULTANT 120,000. SUITE 1100, WASHINGTON, DC 20006 LOBBYING CONSULTANT 120,000. 2 Total number of Independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization > 1 Second 12-10-08	2 Total number of individuals (including those					***	an \$1	00,					<u>, 4</u>	
line 1a? /f "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? /f "Yes," complete Schedule J for such individual. 4 X 5 Did any person listed on line 1a, is the sum of reportable compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (C) MICHAEL ANDREWS, 818 CONNECTICUT AVE NW Description of services Compensation SUITE 1100, WASHINGTON, DC 20006 LOBBYING CONSUL/TANT 120,000. 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 1 Section 990 (2008) Bage 12-18-08	compensation from the organization			<u></u>							🕨		Yes	
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual					•		•					3	·	X
the organization? If "Yes," complete Schedule J for such person	•	•								-		4	X	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Name and business address Description of services Compensation MICHAEL ANDREWS, 818 CONNECTICUT AVE NW LOBBYING CONSULTANT 120,000. SUITE 1100, WASHINGTON, DC 20006 LOBBYING CONSULTANT 120,000. 2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 1 Form 990 (2008)							•		-			5		X
the organization. (A) (B) (C) Name and business address Description of services Compensation MICHAEL ANDREWS, 818 CONNECTICUT AVE NW LOBBYING CONSULTANT 120,000. SUITE 1100, WASHINGTON, DC 20006 LOBBYING CONSULTANT 120,000. Image: Construction of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 1 Suppose 12-18-08 1 Form 990 (2008)	-									¢100.000 -f				
Name and business address Description of services Compensation MICHAEL ANDREWS, 818 CONNECTICUT AVE NW LOBBYING CONSULTANT 120,000. SUITE 1100, WASHINGTON, DC 20006 LOBBYING CONSULTANT 120,000. Image: state of the s	the organization.													
SUITE 1100, WASHINGTON, DC 20006 LOBBYING CONSULTANT 120,000. Image: state of the state of	Name and business								(B) Description of	services	C			on
from the organization 1 Form 990 (2008) 832008 12-18-08 832008 12-18-08 8				AV.	E :	NW			LOBBYING CON	ISULTANT		12	0,0	00.
from the organization 1 Form 990 (2008) 832008 12-18-08 832008 12-18-08 8	·										••••••			
from the organization 1 Form 990 (2008) 832008 12-18-08 832008 12-18-08 8														
from the organization 1 Form 990 (2008) 832008 12-18-08 832008 12-18-08 8														
from the organization 1 Form 990 (2008) 832008 12-18-08 832008 12-18-08 8	2 Total number of independent contractors (including thos	e in	1) w	ho r	есе	ived	mo	re than \$100,000 in cor	npensation				
832008 12-18-08 8	from the organization	1										Form	990	(2008)
	832008 12-18-08						8							

AMERICAN WIND ENERGY ASSOCIATION

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				ENERGY	ASSOCIATIO	N	52-1121	931 Page 9
Pa	t VII	II Statement of Reven	nue					
				-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d	Federated campaigns Membership dues Fundraising events Related organizations	1b 1c 1d					
ntributions d other sim	f	Government grants (contributi All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines	ts, and ve 1f	17,402.				
<u>Ö</u>		Total. Add lines 1a-1f	• • • • • • • • • • • • • • • • • • • •		117,402.	·····		
				Business Code				
8	2 a			900099	14,524,195.	14,524,195.		
e Xi	b	DUES/STRAT. INI	т.	900099	7096075.	7096075.		
enu Se	с	PUBLICATIONS		900099	288,027.	288,027.		
Program Service Revenue	d				· · · · · · · · · · · · · · · · · · ·			
bo L	e							
۵.	f	All other program service reve						
		Total. Add lines 2a-2f			21,908,297.			
1	3	Investment income (including			250 017			250 017
		other similar amounts)			358,017.			358,017.
	4	Income from investment of tax	• •		130,168.		<u></u>	130,168.
	5	Royalties			130,100.			130,100.
	0 -	Owner Dante	(i) Real	(ii) Personal	-			
		Gross Rents		· · · · · · · · · · · · · · · · · · ·				
		Less: rental expenses			- ·	. ,		
		Rental income or (loss)		▶		· 		
		 Net rental income or (loss) Gross amount from sales of 	(i) Securities	(ii) Other				
	1 a	assets other than inventory	7,414,152.		-		-	
	h	Less: cost or other basis			1			
	Ň		7 413 291.					
	c	and sales expenses Gain or (loss)	861.		-			
		Net gain or (loss)		L	861.		<u> </u>	861.
Ð	8 a	Gross Income from fundraisin	a events (not					
Other Revenue		including \$	of					
eve		contributions reported on line	1c). See					
2		Part IV, line 18						
₩.	b	Less: direct expenses						
<u> </u>		Net income or (loss) from fund		>				
	9 a	Gross income from gaming ac						
		Part IV, line 19	а					1. S. S.
		Less: direct expenses				-		
		Net income or (loss) from gam	-	····· •				
	10 a	Gross sales of inventory, less						
		and allowances	а		_			
		Less: cost of goods sold		l				
-	C	Net income or (loss) from sale		The second s				1
ŀ		Miscellaneous Revenu	10	Business Code		0 002	· · · · · · · · · · · · · · · · · · ·	
		MISCELLANEOUS		900099	9,983.	9,983.		
	b	······						
	C							
	C		••••••	L	9,983.			<u> </u>
		Total. Add lines 11a-11d			22,524,728		0.	489,046.
83200 02-02	<u>12</u> ទ	Total Revenue. Add lines 1h, 2g, 3,	4, 5, 6d, 7d, 8c, 9c, 1	uc, and 11e 💌	44,544,140	· 41,510,200,	U.	Form 990 (2008)

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Form	990	(2008)	
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Form 990 (2008) AMERICAN WIND ENERGY ASSOCIATION Part IX Statement of Functional Expenses

	Section 501(c)(3) All other organizations must comp	and 501(c)(4) organizat	ions must complete al	l columns.	v4 (D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			general expenses	evbenees
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			· · · · · · · · · · · · · · · · · · ·	
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,		· · · · · · · · · · · · · · · · · · ·		
	organizations, and individuals outside the U.S.		· · · · · · · · · · · · · · · · · · ·		
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				، بى يەرىپى يە ي
5	Compensation of current officers, directors,	······································			
	trustees, and key employees	1,237,081.			
6	Compensation not included above; to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,863,695.			· · · · ·
8	Pension plan contributions (Include section 401(k)				
	and section 403(b) employer contributions)	416,320.			
9	Other employee benefits	299,772.			
10	Payroll taxes	334,785.		······	
11	Fees for services (non-employees):				
a	Management	<u> </u>			
b	Legal	52,043.			
c	Accounting	18,485.			
d	Lobbying				·
e f	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,663,820.			
g 12	Other Advertising and promotion	4,401.	****		· · · · · · · · · · · · · · · · · · ·
13	Office expenses	1,038,464.	·····		
14	Information technology			······	
15	Royalties				
16	Оссиралсу	1,092,149.			
17	Travel	799,797.		*****	
18	Payments of travel or entertainment expenses	· · · · · · · · · · · · · · · · · · ·			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,886,383.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	275,473.			
23	Insurance	8,180.		······································	
24	Other expenses. Itemize expenses not covered	and the state of the			
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below.) DUES/REGIONAL INITIAT.	F17 010			
a	CREDIT CARD FEES	<u>517,910.</u> 503,494.			·
b	DUES AND SUBSCRIPTIONS	175,255.	· · · · · · · · · · · · · · · · · · ·		
c d	MISCELLANEOUS	128,014.		·····	
a e	TEMPORARY EMPLOYMENT	119,079.			
f	All other expenses	204,290.			
25 25	Total functional expenses. Add lines 1 through 24f	19,638,890.	·······	*******	
26	Joint Costs. Check here				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundralsing solicitation				

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Form 990 (2008)

AMERICAN WIND ENERGY ASSOCIATION		AMERICAN	WIND	ENERGY	ASSOCIATION
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					(A) Beginning of year		(B) End of y		
T	1	Cash - non-interest-bearing			-33,430.	1	-11	L.3	04.
	2	Savings and temporary cash investments			8,922,577.	2	10,976		
	3	Pledges and grants receivable, net.				3			
	4	Accounts receivable, net			1,961,230.	4	1,070).5	82.
	5	Receivables from current and former officers, di							
	Ŭ	employees, or other related parties. Complete P				5			
	6	Receivables from other disqualified persons (as			· · · · ·				******
	v	4958(f)(1)) and persons described in section 495			•				
		Part II of Schedule L				6			
<u>ہ</u>	7	Notes and loans receivable, net				7			<u> </u>
Assets	8	Inventories for sale or use			12,043.	8	14	4.4	67.
Asi	9				99,186.	9			67.
		Land, buildings, and equipment: cost basis	109	3,773,089.				-/-	
		Less: accumulated depreciation. Complete	100	0,,,0,,000,					
	v	Part VI of Schedule D	10h	657,205.	321,002.	10c	3.11	5.8	84.
	11	Investments - publicly traded securities			3,041.	11	3,11	8.8	29.
	12	Investments - other securities. See Part IV, line			365,802.	12			
	13	Investments - program-related. See Part IV, line			0007001	13			
	14				······································	14			
	15	Intangible assets Other assets. See Part IV, line 11		•••••••••••••••••••••••••••••••••••••••	142,444.	15	204	4.3	83.
	16	Total assets. Add lines 1 through 15 (must equ			11,793,895.		19,97		
	17	Accounts payable and accrued expenses			740,923.	17	1,40		
	18	Grants payable				18		<u> </u>	
	19	Deferred revenue			5,063,515.	19	7,18	7.2	89.
	20	Tax-exempt bond liabilities				20		<u> </u>	
	21	Escrow account liability. Complete Part IV of Sc			21				
Liabilities	22	Payables to current and former officers, directo				·····			
lidi	B ala	highest compensated employees, and disqualif							
Ľ		Contractular 1				22			
	23	of Schedule L Secured mortgages and notes payable to unrel		F		23	-		
	24	Unsecured notes and loans payable				24			
	25	Other liabilities. Complete Part X of Schedule D	81,530.		2,44	2.8	37.		
	26	Total liabilities. Add lines 17 through 25			5,885,968.		11,03	$\frac{1}{5,3}$	89.
		Organizations that follow SFAS 117, check h							
s		lines 27 through 29, and lines 33 and 34.							
JCe	27	Unrestricted net assets			5,857,085.	27	8,93	1,4	23.
alaı	28	Temporarily restricted net assets			50,842.	28		6,5	51.
a B	29				······	29		•	
ŝ		Organizations that do not follow SFAS 117, o				1			
г Ц		complete lines 30 through 34.							
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30			
SSE	31	Paid-in or capital surplus, or land, building, or e				31			
≥t A	32	Retained earnings, endowment, accumulated in				32			
ž	33	Total net assets or fund balances			5,907,927.	33	8,93	7,9	74.
	34	Total liabilities and net assets/fund balances			11,793,895.		19,97		
Pa	t XI								
		Anno						Yes	No
1	Acco	ounting method used to prepare the Form 990:	Ca:	sh 🚺 Accrual 🗌	Other				·
2a		e the organization's financial statements compile			accountant?		2a		X
b		e the organization's financial statements audited						Х	
С		es" to lines 2a or 2b, does the organization have							
		w, or compilation of its financial statements and						Х	
3a		result of a federal award, was the organization re							
	Act a	and OMB Circular A-133?					За		X
b		es," did the organization undergo the required au					3b		
83201	1 12-18	3-08					Form	990	(2008)
				11					

Form 990 (2008)
Part X Balance Sheet

* *	PUBLIC	DISCLOSURE	COPY	* *

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

Employer identification number

108

Department of the Treasury Internal Revenue Service

Schedule B

(Form 990, 990-EZ, or 990-PF)

AMERICAN WIND ENERGY ASSOCIATION

52-1121931

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(6) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of crueity to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990 EZ, or 990 PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990 EZ, or on line 2 of their Form 990 PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990 PF).

 LHA
 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
 Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

 for Form 990. These instructions will be issued separately.
 Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

823451 12-18-08

12 2008.06000 AMERICAN WIND ENERGY ASSOCI 00419_1

09200303 745960 00419

Schedule	в	(Form	990,	990-EZ,	or	990-PF)	(2008)

Name of organization

AMERICAN WIND ENERGY ASSOCIATION

Part I Contributors (see instructions)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contributi
		\$117,402.	Person X Payroll Noncash (Complete Part II if th is a noncash contribu
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contributi
		\$	Person Payroll Noncash (Complete Part II if the sa noncash contribution of the second sec
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contributi
	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Noncash Complete Part II if the is a noncash contribution
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribut
/		\$	Person Payroll Noncash Complete Part II If the second contribution of the s
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribut
		\$	Person Payroll Noncash (Complete Part II if the is a noncash contributed by the ison of th
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribut
	· · ·	\$	Person Payroll Noncash (Complete Part II if ti is a noncash contrib

Page 1 of 1 of Part I Employer identification number

52-1121931

SCHEDULE C	Political Campaign	and Lobbyin	g Activities	OMB No. 1545-0047		
(Form 990 or 990-EZ)	2008					
Department of the Treasury Internal Revenue Service						
 Section 501(c)(3) org Section 501(c) (other Section 527 organization answ Section 501(c)(3) org Section 501(c)(3) org If the organization answ 	vered "Yes," to Form 990, Part IV, line 3, or Fo anizations: Complete Parts I-A and B. Do not co than section 501(c)(3)) organizations: Complete ations: Complete Part I-A only. vered "Yes," to Form 990, Part IV, line 4, or Fo anizations that have filed Form 5768 (election u anizations that have NOT filed Form 5768 (elect vered "Yes," to Form 990, Part IV, line 5 (Prox	mplete Part I-C. Parts I-A and C below orm 990-EZ, Part VI, lin nder section 501(h)): Co ion under section 501(h	. Do not complete Part I-B. ne 47 (Lobbying Activities), omplete Part II-A. Do not cor	then nplete Part II·B.		
 Section 501(c)(4), (5) Name of organization 	, or (6) organizations: Complete Part III.		Emplo	yer identification number		
Part I-A To be of See the in 1 Provide a description	AMERICAN WIND ENERGY AS completed by all organizations exem instructions for Schedule C for details.	pt under section	n Part IV.	52-1121931 7 organizations.		
	əs			······		
	completed by all organizations exem	pt under section	501(c)(3).			
 Enter the amount of Enter the amount of If the organization if Was a correction m If "Yes," describe in Part I-C To be of See the i Enter the amount of Total of direct and Form 1120-POL, lin Did the filing organ State the names, a Enter the amount promptly and direct 	completed by all organizations exem instructions for Schedule C for details. irectly expended by the filing organization for se f the filing organization's funds contributed to o tivities indirect exempt function expenditures. Add lines e 17b zation file Form 1120-POL for this year? ddresses and employer identification number (E iaid and indicate if the amount was paid from the tily delivered to a separate political organization, is needed, provide information in Part IV.	pers under section 4955 of for this year? Ipt under section ection 527 exempt func ther organizations for s is 1 and 2 and enter her iN) of all section 527 po e filing organization's fu	501(c), except section tion activities	Yes No No 501(c)(3). Yes No No Yes No No No n payments were made. utions received and		
			filling organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		
-						
<u> </u>						
LHA For Privacy Ac	t and Paperwork Reduction Act Notice, see t	ne Instructions for For	m 990. Schedule C	(Form 990 or 990-EZ) 2008		

Schedule C (Form 990 or 990 EZ) 2008 AM Part II-A To be completed by org (election under section	anizations e	xempt under se	ection 501(c)(3) tha		121931 Page 2
A Check if the filing organization be	-		······	· · · · · · · · · · · · · · · · · · ·	
B Check ► If the filing organization ch Limits on I (The term "expenditures	.obbying Exper	iditures		(a) Filing organization's totals	(b) Affiliated group totals
 1a Total lobbying expenditures to influence b Total lobbying expenditures to influence c Total lobbying expenditures (add lines 1a d Other exempt purpose expenditures e Total exempt purpose expenditures (add 					
f Lobbying nontaxable amount. Enter the If the amount on line 1e, column (a) or (b) is Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000	f Lobbying nontaxable amount. Enter the amount from the following table in both columns.If the amount on line 1e, column (a) or (b) is:The lobbying nontaxable amount is:Not over \$500,00020% of the amount on line 1e.Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000.Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000.Over \$1,500,000 but not over \$17,000,000\$225,000 plus 5% of the excess over \$1,500,000.				
 g Grassroots nontaxable amount (enter 25 h Subtract line 1g from line 1a. Enter -0- if l i Subtract line 1f from line 1c. Enter -0- if li j If there is an amount other than zero on reporting section 4911 tax for this year? 	ine g is more tha ne f is more thar either line 1h or	an line a 1 line c line 1i, did the organ	ization file Form 4720		Yes No
(Some organizations columns bel	4-Year Ave s that made a s ow. See the ins	raging Period Unde ection 501(h) electi tructions for lines 2	er Section 501(h) on do not have to comp 2a through 2f of the ins	plete all of the five	
	-obbying Exper	nditures During 4-Y	ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2aLobbying non-taxable amountbLobbying ceiling amount(150% of line 2a, column(e))					
c Total lobbying expenditures		·	· · · · · · · · · · · · · · · · · · ·		
d Grassroots non-taxable amount e Grassroots ceiling amount (150% of line 2d, column (e))					

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2008

832042 12-18-08

Schedule C (Form 990 or 990-EZ) 2008 AMERICAN WIND ENERGY ASSOCIATION 52-1121931 P Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768

52-1121931 Page 3

(election under section 501(h)). See the instructions for Schedule C for details.

		(6	(a))
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Pald staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f					
-	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912		-	· · · · · · · · · · · · · · · · · · ·	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				,,
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		F01(-)(F)		1
Pai	t III-A To be completed by all organizations exempt under section 501(c)(4)	, section	501(0)(5)	, or sect	ION
······	501(c)(6). See the instructions for Schedule C for details.			Yes	No
				100	X
1	Were substantially all (90% or more) dues received nondeductible by members?				X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			X	A
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? t III-B To be completed by all organizations exempt under section 501(c)(4)	postion			ion
Pai	501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR				
	answered "Yes." See Schedule C instructions for details.	III CALL II	n∽n, quot		
	Dues, assessments and similar amounts from members		1	7 096	5,075.
1 2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenditures)			1,050	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	expenses for which the section 527(f) tax was paid).	icai			
			2a	3.080),125.
	Current year Carryover from last year),890.
b			······ [9,235.
c	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				5,940.
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		·····		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
			4	1.15	3,295.
5	expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5	-/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	t IV Supplemental Information		.		
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II.B	line 11 Als	- complete	this nart
	ny additional information.				o tho part
iui a					
		······			
	***************************************	·····			· · · · · · · · · · · · · · · · · · ·
					·····
				- 1410, BB	
			,		

Schedule C (Form 990 or 990-EZ) 2008

832043 12-18-08

09200303 745960 00419

Schedule	D
(Form 990)	

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

1	OMB No. 1545-0047
	2008
	Open to Public
	Inspection

Pa	e of the organization AMERICAN WIND ENERGY ASSOCIATION	Employer identification numbe 52-1121931
1 10 101	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds of	
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	h funda
-	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be u	
	for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible priva	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Par	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		dogih important land av-
	Protection of natural habitat	rically important land area
	Preservation of open space	i historic structure
2		
-	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conse of the tax year.	rvation easement on the last day
а	Total number of conservation essements	Held at the End of the Yea
b	Total number of conservation easements Total acreage restricted by conservation easements	<u>2a</u>
c		2b
d	Number of conservation easements on a certified historic structure included in (a)	2c
3	Number of conservation easements included in (c) acquired after 8/17/06	2d
Ŭ	Number of conservation easements modified, transferred, released, extinguished, or terminated by the over	rganization during the taxable
4		
5	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and	Internal Internal
6	enforcement of the conservation easements it holds?	Yes No
7	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year	
8	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year > \$	······································
0	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h) and each at 170(h) (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)((4)(B)(i)
9	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	e organization's accounting for
Dar	conservation easements.	
rai		er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
Ta	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and bala	nce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c service, provide, in Part XIV, the text o
	the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance	sheet works of art, historical treasures
	or other similar assets held for public exhibition, education, or research in furtherance of public service, p	provide the following amounts relating t
	these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	
	(II) Assets included in Form 990, Part X	► \$
~	If the organization received or held works of art, historical treasures, or other similar assets for financial o	ain, provide
2	the following amounts required to be reported under SFAS 116 relating to these items:	
	Revenues included in Form 990, Part VIII, line 1	
а	······································	
а	Assets included in Form 990, Part X	····· \$
a b	Assets included in Form 990, Part X For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	▶ \$ ▶ \$

		N WIND ENE						<u>2-11</u>			ge 2
	t III Organizations Maintaining C										
3	Using the organization's accession and other	er records, check any	of the follo	wing the	at are a signifi	cant use	of its colle	ction ite	ms (chec	k all	
	that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е	L Oth	ner							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how they	further t	he organizati	on's exer	npt purpos	se in Par	t XIV.		
5	During the year, did the organization solicit of	or receive donations o	of art, histo	rical trea	sures, or othe	ər similar	assets		_		
	to be sold to raise funds rather than to be m	aintained as part of t	he organiz	ation's c	ollection?				Yes		No
Par	t IV Trust, Escrow and Custodia reported an amount on Form 990, Pa		. Complete	if organ	ization answe	ered "Yes	" to Form	990, Par	t IV, line	9, or	
	Is the organization an agent, trustee, custoc	lian or other intermed	liarv for co	ntribution	ns or other as	sets not	Included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV										
		. •					·		Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F	Form 990, Part X, line	21?				··· I		Yes		No
	If "Yes," explain the arrangement in Part XIV										
	tV Endowment Funds. Complete		red "Yes"	to Form	990, Part IV, I	ine 10.		•			
h		(a) Current year	(b) Prio		(c) Two year		(d) Three ye	ars back	(e) Four	vears	back
1a	Beginning of year balance					-,	<u></u>				
	Contributions				-						****
	Investment earnings or losses							•			
	Grants or scholarships										
	Other expenditures for facilities										
	and programs				1						
f	Administrative expenses		· · · ·					ÿ			
a	End of year balance					i	····				
2	Provide the estimated percentage of the year		15:								
а	Board designated or quasi-endowment		%								
	Permanent endowment >	%									
	Term endowment	%									
	Are there endowment funds not in the poss	 ession of the organiz	ation that a	are held a	and administe	ered for t	he organiz	ation			
	by:	· · · · · · · · · · · · · · · · · · ·								Yes	No
	(i) unrelated organizations								3a(i)		
									0 (11)		
b	If "Yes" to 3a(ii), are the related organization										
4	Describe in Part XIV the intended uses of th										
	t VI Investments - Land, Buildin). Part X. line	10.	<u></u>			*****	
<u></u>	Description of investment	(a) Cost or o basis (investr	ther	(b) Cos	t or other (other)		epreciatio	ו	(d) Boc	k valu	0
10	Land				(30.00)						
	Land										
b	Buildings			i		· · · · · · · · · · · · · · · · · · ·					
	Leasehold improvements			3 77	73,089.		557,20	55.	3,11	<u>5</u> 8	84
	Equipment			5,1	, 5, 005.	`	551,20	<u> </u>	J , T T	5,0	<u>.</u>
	Other I. Add lines 1a-1e. (Column (d) should equal F		imn (P) lin	a 10/011		l			3,11	5 8	84
- i vid	ה הפים ווחסס דמי זיסי נטטועווווו נען אווטעוע פעעמו ר	Unit JJU, Fall A, COL	4011 (ØJ, III						~,	-,0	U - H - O

Schedule D (Form 990) 2008

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832052 12-23-08

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Part VII Investments - Other Securities. Se	e Form 990, Part X, lir			
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua t or end-of-year mar	
Financial derivatives and other financial products				
Closely-held equity interests				
Other	·			
		~		
· · · · · · · · · · · · · · · · · · ·				
· · · · · · · · · · · · · · · · · · ·				
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)		l		
Part VIII Investments - Program Related. S	ee Form 990, Part X, I	ine 13.		
(a) Description of investment type	(b) Book value		(c) Method of valua at or end-of-year mar	
,				
				· · · ·
				· · ·
				·
				•
·				
		·		
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)			Manana kina kina kina kana kana kina kina	
Part IX Other Assets. See Form 990, Part X, line				(b) Book value
(a)	Description			
	······································	·		
				·····
			· · · · · · · · · · · · · · · · · · ·	
h				
Total. (Column (b) should equal Form 990, Part X, col (B) I	lino 15 \			
Part X Other Liabilities. See Form 990, Part X,				
(a) Description of liability	, 1110 20.	(b) Amount		
Federal income taxes				
DEFERRED RENT		2,442,837.		
			4	

AMERICAN WIND ENERGY ASSOCIATION

52-1121931 Page 3

2,442,837. Total. (Column (b) should equal Form 990, Part X, col (B) line 25.).....▶ In Part XIV, 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. 832053 12-23-08

Schedule D (Form 990) 2008

19 2008.06000 AMERICAN WIND ENERGY ASSOCI 00419__1

Schedule D (Form 990) 2008

	dule D (Form 990) 2008 AMERICAN WIND ENERGY ASSOCI					-1	121931	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Financia	al State	ements	3			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			22,524,	728.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			19,638,	890.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			2,885,	
4	Net unrealized gains (losses) on investments			4			144,	,209.
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV)			8				
9	Total adjustments (net). Add lines 4-8			9			144,	,209.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10			3,030,	,047.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme					Irn		
1	Total revenue, gains, and other support per audited financial statements				1		22,989	,513.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments	2a	14	4,20	9.			
þ	Donated services and use of facilities		34	3,09	4.			
C	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV)	2d	-2	2,51	8.			
е	Add lines 2a through 2d					э		<u>,785.</u>
3	Subtract line 2e from line 1				3		22,524	<u>,728.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
a	Investment expenses not included on Form 990, Part VIII, line 7b	the second se						
b	Other (Describe in Part XIV)	4b						-
С	Add lines 4a and 4b					-		0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)						22,524	,728.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme							
1	Total expenses and losses per audited financial statements		·····		1	_	19,959	<u>,466.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		~ .					
а	Donated services and use of facilities		34	3,09	4.			
b	Prior year adjustments							
C	Losses reported on Form 990, Part IX, line 25			<u> </u>	_		-	
d	Other (Describe in Part XIV)			2,51				
е	Add lines 2a through 2d						320	,576.
3	Subtract line 2e from line 1			<i></i>	3	<u> </u>	19,638	<u>,890.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1						
	Investment expenses not included on Form 990, Part VIII, line 7b							
	Other (Describe in Part XIV)	4b						•
c	Add lines 4a and 4b					-		0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			·····	5	<u>ن</u>	19,638	,890.
Pa	t XIV Supplemental Information							

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

AMOUNT REPORTED AS OFFSET TO MISCELLANEOUS INCOME ON FINANCIAL

STATEMENTS AND REPORTED AS MISCELLANEOUS EXPENSE ON FORM 990.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

AMOUNT REPORTED AS OFFSET TO MISCELLANEOUS INCOME ON FINANCIAL

STATEMENTS AND REPORTED AS MISCELLANEOUS EXPENSE ON FORM 990.

832054 12-23-08 Schedule D (Form 990) 2008

20

(1.01)	IEDULE J m 990)	Compensation Information		OMB No. 1545-0047						
•		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	υu	ł 1				
Departi	ment of the Treasury	Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.		Open to Inspe						
	Revenue Service e of the organizati		Employer ide	•		mber				
100111		AMERICAN WIND ENERGY ASSOCIATION	52-11							
Par	t Question	s Regarding Compensation								
	· · · · · · · · · · · · · · · · · · ·				Yes	No				
1 a 1	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed in Form	990,							
		line 1a. Complete Part III to provide any relevant information regarding these items.	-		1					
[First-class or c		nal use							
ĺ	Travel for com									
[Tax indemnific	ation and gross-up payments Health or social club dues or initiation feet	3							
		spending account Personal services (e.g., maid, chauffeur, c	həf)							
	-									
b	If line 1a is checked	d, did the organization follow a written policy regarding payment or reimbursement or provision	on							
1	of all of the expens	es described above? If "No," complete Part III to explain		. 1b						
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all officers, dir	ectors,							
	trustees, and the C	EO/Executive Director, regarding the items checked in line 1a?		. 2						
3	Indicate which, if a	ny, of the following the organization uses to establish the compensation of the organization's	3							
	CEO/Executive Dire	ector. Check all that apply.								
•	Compensatio									
	Independent	compensation consultant Compensation survey or study								
	Form 990 of c	ther organizations	ommittee							
		· ·				· ·				
		d any person listed in Form 990, Part VII, Section A, line 1a:								
		ce payment or change of control payment?				X				
		ceive payment from, a supplemental nonqualified retirement plan?				X X				
		ceive payment from, an equity-based compensation arrangement?		. <u>4c</u>		<u> </u> ^				
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.								
				·		1.1				
		1 501(c)(4) organizations must complete lines 5-8.								
		in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	9F1	5 ^{- 1}		1.				
	contingent on the	revenues of:		- 5a	<u></u>					
	The organization?			··						
		zation?								
	,	or 5b, describe in Part III.								
	•	in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of the section o	///							
	contingent on the	•		6a						
		zation?			<u> </u>	+				
		zation? pr 6b, describe in Part III.				+				
		in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment	s		1					
		tes 5 and 6? If "Yes," describe in Part III		7		1				
		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t		··	1	1				
		eption described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		. 8	1	1				
		ad Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedul		n 990) 2008				

832111 12-23-08

Page 2		ıstructions, an row (ii).		(F)	reported in prior Form 990 or Form 990-EZ	•	.0								• 0																						Schedule J (Form 990) 2008
		s, described in the ir		(E) Total of columns	(B)(i)-(D)	338,916	0	214,838.	- 1	279,277.	1	227,104.	i i	176,945.	D																			•			Sched
131	e is needed.	ı related organizations		(D) Nontavable	benefits	40,833.	.0	28,136.		37,575.		28,556.	ſ	24,371.	.0				-											-							
52-1121931	e J-1 if additional space	tion on row (i) and from	t VII, line 1a.	(C) Deferred	compensation	.0	.0	•0	•0	•0	.0	.0			• 0							-															
ATION	loyees. Use Schedul	ion from the organiza	column (E) amounts on Form 990, Part VII, line $\dot{1}a$	SC compensation	(iii) Other compensation	•0	.0		• 0	•0	.0	.0		•0	• 0																						0
RGY ASSOCIATION	Compensated Emp	J, report compensati		(B) Breakdown of W-2 and/or 1099-MISC compensation	(ii) Bonus & incentive compensation	0.	.0	• 0						•	•0															-							
AMERICAN WIND ENERGY	yees, and Highest	ported in Schedule . 1 990, Part VII.	pplicable column (D)	(B) Breakdown of	(i) Base compensation	298,083.	.0	186,702.		241,702.	- 1	198,548.	.0.	152,574.	•0										:												
AMERICA	s, Trustees, Key Emplo	ompensation must be re at are not listed on Forn	3)(i)-(iii) must equal the a		a	0		(<u>)</u>	(ii)	(1)	(0)			0		8	(II)	0	(II)	0	0	(ii)	0	(II)	(0)	(II)	(1)	(ii)	()		(1)	(II)	(1)		()	(<u>ii</u>)	
Schedule J (Form 990) 2008	Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed	For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.	Note. The sum of columns (B)(η -(ii) must equal the applicable column (D) or		(A) Name		RANDALL SWISHER		MARY CHILDRESS		GREG WETSTONE		ROBERT GRAMLICH		STEPHEN MINER		-																				

22

14.14

832112 12-23-08

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990

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



Name of the organization

AMERICAN WIND ENERGY ASSOCIATION

Employer identification number 52 - 1121931

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEMBERSHIP SERVICES

CONTRACTS

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS TWELVE LEVELS OF MEMBERSHIP WHICH ARE DETERMINED BY THE REVENUE GENERATED BY THE WIND INDUSTRY.

FORM 990, PART VI, SECTION A, LINE 7A: ADVOCATE AND ASSOCIATE LEVELS MAY VOTE FOR THREE AT LARGE BOARD SEATS AND THREE OFFICER SEATS. CORPORATE 1-7 AND UTILITY 1-3 MEMBERS VOTE FOR THE THREE AT LARGE BOARD POSITIONS, THREE REGULAR POSITIONS AND THREE OFFICER POSITIONS.

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE FORM 990 IS GIVEN TO THE AUDIT COMMITTEE WHICH REVIEWS IT AND REPORTS TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE CEO AND EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD USING COMPARABLE DATA AND KEY EMPLOYEES COMPENSATION IS REVIEWED BY THE AUDIT COMMITTEE. THERE IS CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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



Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN WIND ENERGY ASSOCIATION

Employer identification number 52-1121931

FORM 990, PART VI, SECTION B, LINE 12A

THE ORGANIZATION DID NOT HAVE A CONFLICT OF INTEREST POLICY IN PLACE

FOR 2008, BUT THE ORGANIZATION HAS ALREADY IMPLEMENTED ONE FOR 2009.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08

Schedule O (Form 990) 2008

	000	
	YYII	
-orm		

Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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

> The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No, 1545-0047 Ċ Open to Public Inspection

-				
Α	For the 2	007 calendar year, or tax year beginning and ending		
В	Check if applicable:	Please C Name of organization D En	nployer id	entification number
	applicable:	rideabe		
5	Address change		52_11	21931
-	Name			
	change	See Number and street (or F.C. box in mains not derivered to street address) Room/suite E Te		
	return		202-3	83-2511
	Termination	tions. City or town, state or country, and ZIP + 4	counting metho	od: Cash 🔀 Accrual
	Amende		Other (specify)	•
-	Applicat			
L	penaing	must attach a completed Schedule A (Form 000 or 000-E7)		
-		H(a) Is this a group return		
		► WWW.AWEA.ORG H(b) If "Yes," enter number		
J	Organiza	tion type (check only one) ► 🗶 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527 H(c) Are all affiliates incluc	led? N	/A LYes LNC
Κ	Check he	re Lif the organization is not a 509(a)(3) supporting organization and its gross H(d) is this a separate retu	rn filed by	on or
		re normally not more than \$25,000. A return is not required, but if the organization ganization covered by	/ a droup r	uling? Yes X No
		to file a return, be sure to file a complete return.		N/A
	0			on is not required to attach
		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 > 14,940,194. Sch. B (Form 990, 99	0-EZ, 0r 9	90-PF).
Ρ	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances		
	1	Contributions, gifts, grants, and similar amounts received:		
	a	Contributions to donor advised funds		
	b	Direct public support (not included on line 1a) 1b 695,450		
			4	
	C C	Indirect public support (not included on line 1a)	4	
	d	Government contributions (grants) (not included on line 1a) 1d172,515	·	
	e	Total (add lines 1a through 1d) (cash \$ 867, 965. noncash \$)	1e	867,965.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	7,479,568.
	3	Membership dues and assessments	3	5,126,479.
	4	Interest on savings and temporary cash investments	-	382,496.
		Interest on savings and temporary cash investments		502,300
	5	Dividends and interest from securities	5	
	6 a	Gross rents 6a		
	b	Less: rental expenses6b		
ŝ	c	Net rental income or (loss). Subtract line 6b from line 6a	- 6c	
ň	7	Other investment income (describe)	7	
Revenue	8.9	Gross amount from sales of assets other (A) Securities (B) Other		
å	""		-	
		than inventory 1,000,000. 8a	4	
	b	Less: cost or other basis and sales expenses 933,520.8b		
	C	Gain or (loss) (attach schedule) 66,480 80		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) <u>STMT 1</u>	8d	66,480.
	9	Special events and activities (attach schedule). If any amount is from gaming , check here b		
	a	Gross revenue (not including \$ of contributions reported on line 1b) 9a		
	b	Less: direct expenses other than fundraising expenses9b	-	
		Not income or (local from excited superblock the other line on		
	C		90	
	10 a		-	,
	b	Less: cost of goods sold 10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a STMT 2	10c	14,191.
	11	Other revenue (from Part VII, line 103)	11	69,495.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	14,006,674.
·	13	Program services (from line A column (P))	13	
ŝ	14	Program services (from line 44, column (B))		
Expenses	14	Management and general (from line 44, column (C))		
be	. 15	Fundraising (from line 44, column (D))		
Щ	16	Payments to affiliates (attach schedule)		
_	17	Total expenses. Add lines 16 and 44, column (A)	17	12,131,020.
	18	Excess or (deficit) for the year. Subtract line 17 from line 12		1,875,654.
t, t	3 19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,025,755.
Net	2 20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	6,518
<		Net access or fund belances at and of year Combine lines 10, 10, and 00		
723	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	5,907,927.
12-1	001 27-07	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2007)

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2007.07060 AMERICAN WIND ENERGY ASSOCI 00419_1

Form 990			ND ENERGY AS			1121931 Page 2
Part II				nn (A). Columns (B), (C), and		
	Functional Expenses and (4 and tinclude amounts reported on line b, 8b, 9b, 10b, or 16 of Part I.) orga	(A) Total	7(a)(1) nonexempt charitabl (B) Program services	(C) Management and general	(D) Fundraising
	s paid from donor advised funds			561 11665		
	n schedule)					
	0 • noncash \$ 0 •					
		22a				
	grants and allocations (attach schedule)					STATEMENT 5
(cash \$						OTTER T
•		22b	5,525.			
	fic assistance to individuals (attach					
	ule)	23				
	its paid to or for members (attach					
	ule)	24				
25a Compe	insation of current officers, directors, key	<u> </u>				
	vees, etc. listed in Part V-A	25a	280,401.			
	ensation of former officers, directors, key			······		
		25b	0.			
	ensation and other distributions, not included				····	
	to disqualified persons (as defined under					
	4958(f)(1)) and persons described in					
	4958(c)(3)(B)	25c				
	es and wages of employees not					
	ed on lines 25a, b, and c	26	3,113,255.			
	on plan contributions not included on			· · · · · · · · · · · · · · · · · · ·		
lines 2	5a, b, and c	27	342,223.			
	yee benefits not included on lines				********************	
25a - 2	27	28	377,000.			
	ll taxes	29	233,656.			
	ssional fundraising fees	30				
31 Accou	Inting fees	31	23,300.			
	fees	32	39,660.			
33 Suppl		33	58,091.			
34 Telepł	none	34	107,900.			
35 Posta	ge and shipping	35	90,523.			
36 Occup	pancy	36	305,369.			
	ment rental and maintenance	37				
	ng and publications	38	283,963.			
		39	568,925.			
	rences, conventions, and meetings \dots	40				
	st	41				
	ciation, depletion, etc. (attach schedule)	42	149,557.			
43 Other	expenses not covered above (itemize):					
a		43a				
b	·····	43b				
°		<u>43c</u>				
a		43d				
e		43e				
। 	E STATEMENT 4	43f	6,151,672.			
-		43g	0,151,072.			
	unctional expenses. Add lines 22a through Drganizations completing columns (B)-(D),					
	hese totals to lines 13-15)	44	12,131,020.			
	ts. Check its. Check is in the state of the			l	I	
	its. Check 🕨 🛄 If you are following it costs from a combined educational campai			anartad in (D) Dragram and		Yes X No
	er (I) the aggregate amount of these joint cos			eported in (B) Program serv ; (ii) the amount allocated to		N/A ;
	ount allocated to Management and general \$	ιοφ		(iv) the amount allocated to		<u>N/A</u> ; N/A
723011 12-27-07			117/11 , allu	(iv) the amount anotated to	υ ι unutaising φ	Form 990 (2007)
12-21-01				2		r onn 990 (2007)

09200601 745960 00419 2007.07060 AMERICAN WIND ENERGY ASSOCI 00419_1

Form 990	(2007)
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AMERICAN WIND ENERGY ASSOCIATION

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose? SEE STATEMENT 6	Program Service Expenses
All o clie org	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)	
а	COMMUNICATION AND INDUSTRY INFORMATION: PROVIDES COORDINATED AND FOCUSED OUTREACH TO THE PUBLIC MEDIA AND STAKEHOLDER GROUPS THROUGH ITS WEEKLY AND MONTHLY PUBLICATIONS, REPORTS, NEWS RELEASES, WEB SITE AND PLANNED EVENTS.	
b	(Grants and allocations \$)) If this amount includes foreign grants, check here ▶ MEMBERSHIP/EDUCATION, CONFERENCE AND EXHIBITION: LINKS MEMBERS AND NONMEMBERS WITH A STAKE IN THE WIND POWER MARKET. PROVIDES NETWORKING, EDUCATION AND SHOWCASES LATEST PRODUCTS AND SERVICES.	
с	(Grants and allocations \$) If this amount includes foreign grants, check here ► □ POLICY AND LEGISLATIVE AFFAIRS: SUPPORT POLICIES TO ADVOCATE FOR THE INDUSTRY, WORKS AT A FEDERAL, REGIONAL AND STATE LEVEL TO IMPLEMENT CONSTRUCTIVE POLICIES THAT CREATE LONG TERM, STABLE MARKETS FOR THE WIND INDUSTRY.	
d	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
	(Grants and allocations \$) If this amount includes foreign grants, check here	
	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here Total of Program Service Expenses (should equal line 44, column (B), Program services) >	

Form 990 (2007)

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Form 990 (2007)

09200601 745960 00419

AMERICAN WIND ENERGY ASSOCIATION

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га	rt IV	Balance Sneets (See the instructions.)					
Note	Whe shou	re required, attached schedules and amounts wit Ild be for end-of-year amounts only.	hin the d	escription column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			-9,080.	45	-33,430.
	46	Savings and temporary cash investments		4,559,035.	40	8,922,577.	
		G 1 3 1 1 1 1 1 1 1 1 1 1					
	47 a	Accounts receivable		2,019,046.			
	b	Less: allowance for doubtful accounts	47b	57,816.	945,626.	47c	1,961,230.
	18 0	Pledges receivable	49.0			1	
	-70 a	Less: allowance for doubtful accounts	40a 48b	·	78,000.	48c	
	49	Grants receivable	Second se		, , , , , , , , , , , , , , , , , , , ,	49	
	50 a	Receivables from current and former officers, di	rectors, f	trustees, and	·····		
		key employees				50a	
	b	Receivables from other disqualified persons (as					
Assets		4958(f)(1)) and persons described in section 498		3)		50b	
Ass	51 a	Other notes and loans receivable	51a				
	52	Less: allowance for doubtful accounts	9,087.	51c 52	12,043.		
	53	Inventories for sale or use Prepaid expenses and deferred charges			126,499.	52	99,186.
		Investments - publicly-traded securities STMT	3,933.	54a	3,041.		
		Investments - other securities STMT	1,797,020.	54b	365,802.		
	55 a	Investments - land, buildings, and		Γ			
		equipment: basis	55a				
		Less: accumulated depreciation				550	
	56 57 a	Investments - other Land, buildings, and equipment: basis	57a	753,200.		56	
		Less: accumulated depreciation STMT 7	57b	432,198.	368,560.	57c	321,002.
	58	Other assets, including program-related investments					
		(describe 🕨SE	94,920.	58	142,444.		
	59	Total assets (must equal line 74). Add lines 45			7,973,600.	59	11,793,895.
	60	Accounts payable and accrued expenses		······	783,382.	60	740,923.
	61 62	Grants payable			3,103,464.	61 62	5,063,515.
es	63	Deferred revenue Loans from officers, directors, trustees, and key	, employ	200	5,105,404.	63	<u> </u>
Liabilities		a Tax-exempt bond liabilities				64a	
Lial	1	b Mortgages and other notes payable		64b			
	65	Other liabilities (describe DEFERRED RE	ENT) [60,999.	65	81,530.
					0.045.045		
	66 Orac	Total liabilities. Add lines 60 through 65 anizations that follow SFAS 117, check here ►	X a	od oomplata linaa	3,947,845.	66	5,885,968.
	l Ol ga	67 through 69 and lines 73 and 74.	<u>_∡</u> ⊾ i ai	id complete lines			
ses	67	Unrestricted			3,874,126.	67	5,857,085.
lano	68	Temporarily restricted			151,629.	68	50,842.
l Ba	69	Permanently restricted				69	
nnc	Orga	anizations that do not follow SFAS 117, check	here 🕨	and			
or E	70	complete lines 70 through 74.					
ets	70	Capital stock, trust principal, or current funds				70	
Ass	71 72	Paid-in or capital surplus, or land, building, and Retained earnings, endowment, accumulated in				71	
Net Assets or Fund Balances	73	Total net assets or fund balances. Add lines 67 throu				12	· · · · · · · · · · · · · · · · · · ·
<i>.</i>		(Column (A) must equal line 19 and column (B) must			4,025,755.	73	5,907,927.
	74	Total liabilities and net assets/fund balances			7,973,600.	74	11,793,895.
							Form 990 (2007)

	n 990 (2007) AMERICAN WIND ENERGY A art IV-A Reconciliation of Revenue per Audited Finan instructions.)		Vith			1121 Sturn (8		age 5
						a	142419	40
	Total revenue, gains, and other support per audited financial statement	118	•••••			-a	14241)	<u> </u>
b	Amounts included on line a but not on Part I, line 12:		البا	6 5'	10			
1	Net unrealized gains on investments		D1	<u>6,5</u> 228,7	10.			
2	Donated services and use of facilities			440,14	±0.			
3	Recoveries of prior year grants							
4			b4				225 2	66
	Add lines b1 through b4					b	<u>235,2</u> 140066	
C	Subtract line b from line a		•••••			C	140000	/4.
d	Amounts included on Part I, line 12, but not on line a:		11					
1	Investment expenses not included on Part I, line 6b		d1					
2	Other (specify):		d2					~
	Add lines d1 and d2					d	1 1 0 0 6 6	0.
e	Total revenue (Part I, line 12). Add lines c and d art IV-B Reconciliation of Expenses per Audited Fina					e	140066	74.
Pa						Return		
a	Total expenses and losses per audited financial statements					а	123597	68.
b	Amounts included on line a but not on Part I, line 17:							
1			b1	228,7	48.			
2			b2					
3	Losses reported on Part I, line 20		b3					
	Other (specify):		b4					
	Add lines b1 through b4		II			b	228,7	48.
C	Subtract line b from line a					c	121310	
ď	Amounts included on Part I, line 17, but not on line a:		•••••					
1	Investment expenses not included on Part I, line 6b		d1					
2	Other (specify):		12					
-								^
						d		υ.
۵	Add lines d1 and d2					d	121310	$\frac{0}{20}$
e Pa	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d					e	121310 rector, trust)20.
e Pa	Add lines d1 and d2	y Employees (List e	each i	person who was		e)20.
e Pa	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke	y Employees (List e	each i See th	oerson who was ae instructions.)	► s an o	e fficer, di	rector, trust	020. ee, Dense It and
e Pa	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	y Employees (List e re not compensated.) (S	each i See th	oerson who was ae instructions.)	► s an o	e fficer, di	rector, trust	020. ee, Dense It and
	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	y Employees (List e re not compensated.) (S	each i See th	oerson who was ae instructions.)	► s an o	e fficer, di	rector, trust	020. ee, Dense It and
P	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List e re not compensated.) (S	each (See th rs ((oerson who was ae instructions.)	Competition of the second s	fficer, di fficer, di ntributions oyee benef s & deferre insation pla	rector, trust ito (E) Exp d ans other allo	020. ee, Dense It and
P	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	y Employees (List e re not compensated.) (S	each (See th rs ((Derson who was ne instructions.) Compensation f not paid, enter -0)	Competition of the second s	fficer, di fficer, di ntributions oyee benef s & deferre insation pla	rector, trust ito (E) Exp d ans other allo	D20. ee, Dense it and owances
P	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List e re not compensated.) (S	each (See th rs ((Derson who was ne instructions.) Compensation f not paid, enter -0)	Competition of the second s	fficer, di fficer, di ntributions oyee benef s & deferre insation pla	rector, trust ito (E) Exp d ans other allo	D20. ee, Dense it and owances
P	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List e re not compensated.) (S	each (See th rs ((Derson who was ne instructions.) Compensation f not paid, enter -0)	Competition of the second s	fficer, di fficer, di ntributions oyee benef s & deferre insation pla	rector, trust ito (E) Exp d ans other allo	D20. ee, Dense it and owances
P	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List e re not compensated.) (S	each (See th rs ((Derson who was ne instructions.) Compensation f not paid, enter -0)	Competition of the second s	fficer, di fficer, di ntributions oyee benef s & deferre insation pla	rector, trust ito (E) Exp d ans other allo	D20. ee, Dense it and owances
P	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List e re not compensated.) (S	each (See th rs ((Derson who was ne instructions.) Compensation f not paid, enter -0)	Competition of the second s	fficer, di fficer, di ntributions oyee benef s & deferre insation pla	rector, trust ito (E) Exp d ans other allo	D20. ee, Dense it and owances
P	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List e re not compensated.) (S	each (See th rs ((Derson who was ne instructions.) Compensation f not paid, enter -0)	Competition of the second s	fficer, di fficer, di ntributions oyee benef s & deferre insation pla	rector, trust ito (E) Exp d ans other allo	D20. ee, Dense it and owances
P	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List e re not compensated.) (S	each (See th rs ((Derson who was ne instructions.) Compensation f not paid, enter -0)	Competition of the second s	fficer, di fficer, di ntributions oyee benef s & deferre insation pla	rector, trust ito (E) Exp d ans other allo	D20. ee, Dense it and owances
P	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List e re not compensated.) (S	each (See th rs ((Derson who was ne instructions.) Compensation f not paid, enter -0)	Competition of the second s	fficer, di fficer, di ntributions oyee benef s & deferre insation pla	rector, trust ito (E) Exp d ans other allo	D20. ee, Dense it and owances
P	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List e re not compensated.) (S	each (See th rs ((Derson who was ne instructions.) Compensation f not paid, enter -0)	Competition of the second s	fficer, di fficer, di ntributions oyee benef s & deferre insation pla	rector, trust ito (E) Exp d ans other allo	D20. ee, Dense it and owances
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P	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List e re not compensated.) (S	each (See th rs ((Derson who was ne instructions.) Compensation f not paid, enter -0)	Competition of the second s	fficer, di fficer, di ntributions oyee benef s & deferre insation pla	rector, trust ito (E) Exp d ans other allo	D20. ee, Dense it and owances
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P	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List e re not compensated.) (S	each (See th rs ((Derson who was ne instructions.) Compensation f not paid, enter -0)	Competition of the second s	fficer, di fficer, di ntributions oyee benef s & deferre insation pla	rector, trust ito (E) Exp d ans other allo	D20. ee, Dense it and owances
P	Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	y Employees (List e re not compensated.) (S	each (See th rs ((Derson who was ne instructions.) Compensation f not paid, enter -0)	Competition of the second s	fficer, di fficer, di ntributions oyee benef s & deferre insation pla	rector, trust ito (E) Exp d ans other allo	D20. ee, Dense it and owances
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Form **990** (2007)

723041 12-27-07

75 a	Enter the total number of officers, directors, and trustees permitted t meetings	-	siness at board	26			
	Are any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional and Part II-A or II-B, related to each other through family or business relationship(s)	d other independent contr	actors listed in Sc a statement that i	hedule A, dentifies	75b		X
	Do any officers, directors, trustees, or key employees listed in Form s listed in Schedule A, Part I, or highest compensated professional an Part II-A or II-B, receive compensation from any other organizations,	d other independent contr whether tax exempt or tax	actors listed in Sc	hedule A,			
	organization? See the instructions for the definition of "related organ			••••••	75c		X
	If "Yes," attach a statement that includes the information described						
	Does the organization have a written conflict of interest policy? t V-B Former Officers, Directors, Trustees, and Ke	v Employoos That E	lacaived Com	noneation	75d	X	L
Fai	Benefits (If any former officer, director, trustee, or key en	nployee received compens	sation or other ber	nefits (describe	d belo	ow) du	iring
	the year, list that person below and enter the amount of co	mpensation or other bene	iits in the appropri	ate column. Se	e the ii	nstruct	ions.)
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benef plans & deferred compensation pla	t a	(E) Expe account ier allov	t and
					·		
	<u></u>						
			-		+		
Pa	t VI Other Information (See the instructions.)		· · · · · · · · · · · · · · · · · · ·			Yes	s No
76	Did the organization make a change in its activities or methods of ca	onducting activities? If "Ye	es," attach a detai	ed			
	statement of each change				76		X
77	Were any changes made in the organizing or governing documents	but not reported to the IR	S?		77	<u> </u>	X
70 .	If "Yes," attach a conformed copy of the changes.	O as many during the user	equared by this r	-++ 140-D	700		x
	Did the organization have unrelated business gross income of \$1,00 If "Yes," has it filed a tax return on Form 990-T for this year?			אד / א	78a 78b		
79 79	Was there a liquidation, dissolution, termination, or substantial cont	raction during the year? If			79	_	X
	Is the organization related (other than by association with a statewid					1	
	membership, governing bodies, trustees, officers, etc., to any other				80a		X
b	If "Yes," enter the name of the organization \blacktriangleright N/A						
. .		and check whether it is		·			
	Enter direct and Indirect political expenditures. (See line 81 instruct			0	- 81b		x
D	Did the organization file Form 1120-POL for this year?				-) (2007

AMERICAN WIND ENERGY ASSOCIATION

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

52-1121931

Page **6**

Yes No

723161/12-27-07

Form 990 (2007)

Forr	m	990 (2007) AMERICAN WIND ENERGY ASSOCIATION 52-1121	931	Р	age 7
Pa	ar	t VI Other Information (continued)		Yes	No
82 a	a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
		less than fair rental value?	82a	Х	
t	b	If "Yes," you may indicate the value of these items here. Do not include this			
		amount as revenue in Part I or as an expense in Part II.			
		(See instructions in Part III.) 82b 228,748.	•		
83 a	a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
l	b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
84 a	a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
I	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
		tax deductible?N/A	84b		1
85 a	a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		X
	b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		X
		If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
		waiver for proxy tax owed for the prior year.			
(C	Dues, assessments, and similar amounts from members 85c 5, 126, 479.			
(d	Section 162(e) lobbying and political expenditures 85d 1,975,471.			
	e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e 1,986,361.			
1	f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f -10,890.			
9	g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
l	h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
		to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
		following tax year?N/A	85h		
86		501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
		line 12 86a N/A			
i	b	Gross receipts, included on line 12, for public use of club facilities 86b N/A	_ ·		
87		501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
	b	Gross income from other sources. (Do not net amounts due or paid to other sources			
		against amounts due or received from them.)			
88	a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,		1	
		or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
		If "Yes," complete Part IX	<u>88a</u>	L	X
	b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of		1	1
		section 512(b)(13)? If "Yes," complete Part XI	88b		X
89	a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
		section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A			
	b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
		transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
		If "Yes," attach a statement explaining each transaction $\underline{N/A}$	89b	 	<u> </u>
	C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			1
		sections 4912, 4955, and 4958	Ì		
	d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		
	f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
	g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,		 	
		or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	<u>89g</u>	<u> </u>	
		List the states with which a copy of this return is filed \triangleright DC			
		Number of employees employed in the pay period that includes March 12, 2007	<u>)</u> , , , , , , , , , , , , , , , , , , ,		48
91	a	The books are in care of THE ORGANIZATION Telephone no. 202-38			J
		Located at ► 1501 M STREET, N.W., WASHINGTON, DC ZIP + 4 ► 2	4000	1	
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	L att	Yes	_
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
		If "Yes," enter the name of the foreign country N/A			1
		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
		and Financial Accounts.	<u> </u>	1	

Form **990** (2007)

723162 / 12-27-07

Form 990 (2007) AMERICAN WI	ND ENERC	GY ASSOCIATI	ON	52-1	121931 Page 8
Part VI Other Information (continued)			C 41 1 1		Yes No 91c X
c At any time during the calendar year, did the org			r the Unit	ed States?	91c X
If "Yes," enter the name of the foreign country	Budderstate	1/A	hoolthau		
92 Section 4947(a)(1) nonexempt charitable trusts for	-			1 1	N/A
and enter the amount of tax-exempt interest rec Part VII Analysis of Income-Producing					
		d business income	Excluded	by section 512, 513, or 514	
Note: Enter gross amounts unless otherwise indicated.	(A)	(B)	(C)	(D)	(E) Deleted en evenent
	Business	Amount	Exclu- slon	Amount	Related or exempt function income
93 Program service revenue:	code		code		
a CONFERENCES/MEETINGS	.	·····	<u> </u>		7,413,071.
b PUBLICATIONS					66,497.
C	.	<u> </u>			···· · · · · · · · · · · · · · · · · ·
d					
е					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies	. []				
94 Membership dues and assessments					5,126,479.
95 Interest on savings and temporary cash investments			14	382,496.	
96 Dividends and interest from securities					·······
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property	· · · · · · · · · · · · · · · · · · ·				
			+		······································
99 Other investment income100 Gain or (loss) from sales of assets	·		+ +		
			18	66,480.	
other than inventory		· · ·	+ - 4	00, ±0,01	
101 Net income or (loss) from special events					11 101
102 Gross profit or (loss) from sales of inventory	·		- -		14,191.
103 Other revenue:					
a MISCELLANEOUS	-				2,277.
b ROYALTIES	-		15	67,218.	·
C					
d					
e					a al ser and a ser a
104 Subtotal (add columns (B), (D), and (E))		0	•	516,194.	
105 Total (add line 104, columns (B), (D), and (E))				▶	13,138,709.
Note: Line 105 plus line 1e, Part I, should equal the an	nount on line 12	2, Part I.		-	
Part VIII Relationship of Activities to the	ne Accompl	ishment of Exem	pt Purp	OSES (See the instruction	ons.)
Line No. Explain how each activity for which income is re	eported in column	(E) of Part VII contribute	d importa	ntly to the accomplishment o	f the organization's
exempt purposes (other than by providing fund				5	·
SEE STATEMENT 12					
				,	
	· · · · ·				
Part IX Information Regarding Taxabl	e Subsidiar	ies and Disregar	led En	tities (See the instruction	د ا د ا
(A) (B)		(0)		(D)	(E)
Name, address, and EIN of corporation, Percentage	of	Nature of activities		Total income	End-of-year
partnership, or disregarded entity ownership inte					assets
		<u>.</u>			
N/A	%				
· · · · · · · · · · · · · · · · · · ·	%				
	%	, , ,, <u> </u>			a a shirt a shirt a sa a
Part X Information Regarding Transf					
(a) Did the organization, during the year, receive any fund	s, directly or indi	rectly, to pay premiums o	n a person	al benefit contract?	Yes X No
(b) Did the organization, during the year, pay premiums, a	lirectly or indirect	tly, on a personal benefit o	contract?		Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 4720	(see instruction	s).			

Form **990** (2007)

723163 12**-**27-07

_	1990 (2007) AMERICAN WIND ENERGY		52-112	
Par	rt XI Information Regarding Transfers To and Fro		es. Complete only if the organiz	ation is a
	controlling organization as defined in section 512(b)(13).	N/A		Veel Ne
106	Did the reporting organization make any transfers to a controlled en	titu og defined in gestion	519/b//19) of the Code2 If "Vee "	Yes No
106	complete the schedule below for each controlled entity.	inty as defined in section		
	(A)	(B)	(C)	(D)
	Name, address, of each	Employer Identification	Description of	Amount of
	controlled entity	Number	transfer	transfer
a				
. ·				
b.				
c				
	Totals			No. 1
107	Did the reporting organization receive any transfers from a controlle	ad antitu on defined in an	ation E10(b)(10) of the Code2 If "	Yes No
107	complete the schedule below for each controlled entity.	ed entity as defined in set		105,
	(A)	(B)	(C)	(D)
	Name, address, of each	(B) Employer Identification	Description of	Amount of
	controlled entity	Number	transfer	transfer
a				
-+				
b				
c				
	Tatala			
	Totals			Yes No
108	Did the organization have a binding written contract in effect on Au	gust 17, 2006, covering t	he interest, rents, royalties, and	
	annuities described in question 107 above?			
	Under penalties of perjury, I declare that I have examined this return, including accor and complete. Declaration of preparer (other than officer) is based on all information	ompanying schedules and stateme of which preparer has any knowl	ents, and to the best of my knowledge and edge.	bellef, it is true, correct,
Plea	ase		1	
Sign	n Signature of officer		Date	- <u></u>
Here				
	Type or print name and title		New York and the second s	
Dald	Preparer's	Date	Check if Preparer's SSI	N or PTIN (See Gen, Inst. X)
Paid Prepa			employed	
Use (Only vours if GELMAN, ROSENBERG & FR.			
	address, and) 051 0000
	ZIP+4 F BETHESDA , MD 20814-293	0	Phone no. ► (301	Form 990 (2007)
				10111 000 (2007)

723164/12-27-07

9 09200601 745960 00419 2007.07060 AMERICAN WIND ENERGY ASSOCI 00419_1

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions) OMB No. 1545-0047

2007

Employer identification number

Name of organization

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Internal Revenue Service

AMERICAN WIND ENERGY ASSOCIATION

52-1121931

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(6) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of crueity to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

723451 12-27-07

Schedule	В	(Form 990,	990-EZ,	or	990-PF) (2007)

Name of organization

Page 1 of 6 of Part I

Employer identification number

52-1121931

AMERICAN WIND ENERGY ASSOCIATION

Part I Contributors (See Specific Instructions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1		\$7,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$26,200.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$27,200.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u> </u>	7.07	\$\$,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2007)
120402 12-2	11		000, 000-LL, 01 000-FF)(2007)

Schedule B	(Form 9	90, 990-E2	2, or 990-	PF) (2007)

Name of organization

Page 2 of 6 of Part 1

Employer identification number

52-1121931

Part I Contributors (See Specific Instructions.)

AMERICAN WIND ENERGY ASSOCIATION

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
7		\$22,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u> 8 </u>		\$57,900.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
9		\$15,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u> 10 </u>		\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$30,700.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
12		\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2007)

Schedule	₿	(Form	990,	990-EZ,	or	990-PF)) (2007)

Name of organization

Page 3 of 6 of Part I

Employer Identification number

52-1121931

AMERICAN WIND ENERGY ASSOCIATION

Part I Contributors (See Specific Instructions.)

(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
14		\$ <u>27,200.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
15		\$8,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
16		\$44,400.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17		\$31,200.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>18</u> 723452 12-2	27-07	\$ <u>10,000.</u> Schedule B (Form	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2007)
13			

Schedule B ((Form 990,	990-EZ, or	990-PF)	(2007)
			,	• •

Name of organization

Page 4 of 6 of Part I

Employer identification number

52-1121931

AMERICAN WIND ENERGY ASSOCIATION

Part I Contributors (See Specific Instructions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
<u> 19</u>		\$8,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll ' Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21		\$44,400.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
22		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23		\$27,200.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24		\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
723452 12-2	14	Schedule B (Form	990, 990-EZ, or 990-PF) (2007)

2007.07060 AMERICAN WIND ENERGY ASSOCI 00419_1

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Schedule	в	(Form	990,	990-EZ,	or 990-	PF) (2007)

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Name of organization

Page 5 of 6 of Part I

Employer identification number

52-1121931

AMERICAN WIND ENERGY ASSOCIATION

Part I Contributors (See Specific Instructions.)

		I	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26		\$26,200.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29		\$27,700.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
30	7-07	\$26 , 200 . Schedule B (Form	Person X Payroll Noncash (Complete Part II if there is a noncash contribution 990, 990-EZ, or 990-PF) (2007
	15	•	

2007.07060 AMERICAN WIND ENERGY ASSOCI 00419_1

Schedule	в	(Form	990,	990-EZ,	or	990-PF)	(2007)

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Name of organization

Page 6 of 6 of Part I

Employer identification number

52-1121931

AMERICAN WIND ENERGY ASSOCIATION

Part I Contributors	(See Specific Instructions.)
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(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ <u> </u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
32		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
33		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
34		\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
35		\$5,000.	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>36</u> 723452 12-3	27-07	\$ <u>5,000.</u> Schedule B (Form	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) 990, 990-EZ, or 990-PF) (2007)
	16		

2007.07060 AMERICAN WIND ENERGY ASSOCI 00419__1

2007 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 2

Current Year Deduction	39,820.	32,324.	24,199.	16,465.	.0	4,594.	32,155.	149,557.								
Current Sec 179								.0						<u> </u>		2
Accumulated Depreciation	71,870.	71,960.	34,102.	23,968.	6,087.	64,473.	10,181.	282,641.		 						
Basis For Depreciation	211,051.	148,971.	117,178.	65,274.	6,087.	101,390.	103,249.	753,200.			 	•				
* Reduction In Basis								0.				<u>., , , , , , , , , , , , , , , , , , , </u>			 <u> </u>	
Bus % Excl										 		÷			 	
Unadjusted Cost Or Basis	211,051.	148,971.	117,178.	65,274.	6,087.	101,390.	103,249.	753,200.			 				 	
Line No.	16	16	16	16	16	16	16			 						
Life	000	.000	.000	.000	.000	.000	• 000						·			
Date Acquired Method	VARTESSL	VARIESSL	VARIESSL	VARIESSL	VARIESSI	TESST	VARIESSL		 	 						
Acq	VAF	VAR	VAF	VAF	VAF	VAF	VAF		 	 	 					
Description	1FURNITURE	2 COMPUTER EQUIPMENT	3SOFTWARE EQUIPMENT	40FFICE EQUIPMENT	SDISPLAY	6LEASEHOLD IMPROVEMENTSVARIESSI	NCEMENT	* TOTĄL 990 PAGE 2 DEPR								
Asset No.																

990

17

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

728102 04-27-07

FORM 990	GAIN	(LOSS)	FROM	NON-PUBLICLY	TRADED	SECURIT	TIES	S	TATEMENT	1
DESCRIPTION	1			DATE ACQUIRED		DATE SOLD			HOD	
GAIN ON SALE OF INVESTMENTS				VARIOUS	V	VARIOUS		PURCHASED		
NAME OF BUY	ZER			GROSS SALES PRICI		ST OR R BASIS	EXPEI OF SZ		NET GA OR (LO	
				1,000,000	. 91	33,520.		0.	66,	480.
TOTAL TO FI	A 990,	PART I	, LN	3 1,000,000	. 9	33,520.	<u></u>	0.	66,	480.

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AMERICAN WIND ENERGY ASSOCIATION

52-1121931

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT	2
INCOME				
2. RETURNS AND ALLOWANC		14,191	14,	191
5. GROSS PROFIT (LINE 3	LINE 13)		14,	191
COST OF GOODS SOLD				
7. MERCHANDISE PURCHASE 8. COST OF LABOR	NG OF YEAR	9,087 2,956		
11. ADD LINES 6 THROUGH			12,	043
12. INVENTORY AT END OF 13. COST OF GOODS SOLD (12,043		

FORM 990 O	THER	CHANGES	IN	NET	ASSETS	OR.	FUND	BALANCES	STATEMENT	3
DESCRIPTION									AMOUNT	
UNREALIZED GAIN O	N INV	ESTMENTS	3						6,5	18.
TOTAL TO FORM 990	, PAR	T I, LIM	JE 2	20					6,5	18.

FORM 990	OTHER		STATEMENT 4	
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS DUES AND	3,529,577.			
SUBSCRIPTIONS ON-SITE MEETING	132,661.			
EXPENSES	1,906,316.			
MARKETING EXPENSE	36,370.			
CREDIT CARD FEES	222,212.			
MISCELLANEOUS	66,828.			
PRODUCT EXPENSES	19,504.			
BOOTH EXPENSES	82.			
REGIONAL INITIATIVES	194,166.			
PAYROLL SERVICE FEE PROFESSIONAL	3,305.			
DEVELOPMENT	33,203.			
INSURANCE	7,448.			
TOTAL TO FM 990, LN 43	6,151,672.			

FORM 990	CASH GRANTS A TO IND	AND ALLOCATI IVIDUALS	ONS	STATEMENT	5
CLASS OF ACTIVITY/DONE	E'S NAME AND AI	DDRESS R	DONEE'S ELATIONSHIP	AMOUN	P
CONFERENCE REGISTRATION BILLIE JOHNSON 545 UNIVERSITY DRIVE POCATELLO, ID 83201	N	 N	IONE	1,52	20.
CONFERENCE REGISTRATION KEVIN JOHNSON 101 PENNY LANE ITHACA, NY 14850	N	N	IONE	1,5:	20.
CONFERENCE REGISTRATION MARY KRAMER 400 EAST SCENIC DRIVE THE DALLES, OR 97058	N	N	IONE	1,5:	20.
CONFERENCE REGISTRATION NATHANIEL MESICK 286 SUNSET AVE., UMASS AMHERST, MA 01003			IONE	9	65.
TOTAL INCLUDED ON FORM	990, PART II,	LINE 22B		5,5	25.
FORM 990 STATEMENT (N'S PRIMARY I III	EXEMPT PURPOSE	STATEMENT	6
EXPLANATION				······	
TO PROMOTE WIND POWER (GROWTH THROUGH	ADVOCACY, C	COMMUNICATION AND	D EDUCATION.	
FORM 990 DEPRECIA:	TION OF ASSETS	NOT HELD FC	R INVESTMENT	STATEMENT	7
DESCRIPTION	O		ACCUMULATED	DOOR MATER	

DESCRIPTION	OTHER BASIS	DEPRECIATION	BOOK VALUE
FURNITURE COMPUTER EQUIPMENT SOFTWARE EQUIPMENT OFFICE EQUIPMENT DISPLAY	211,051. 148,971. 117,178. 65,274. 6,087.	111,690. 104,284. 58,301. 40,433. 6,087.	99,361. 44,687. 58,877. 24,841. 0.

AMERICAN WIND ENERGY ASSOCIATION			52-1121931
LEASEHOLD IMPROVEMENTS WEB ENHANCEMENT	101,390. 103,249.	69,067. 42,336.	32,323. 60,913.
TOTAL TO FORM 990, PART IV, LN 57	753,200.	432,198.	321,002.

FORM 990 OTHER ASSETS		STATEMENT 8
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
UNBILLED RECEIVABLES SECURITY DEPOSITS	43,109. 51,811.	90,633. 51,811.
TOTAL TO FORM 990, PART IV, LINE 58	94,920.	142,444.

FORM 990	OTHER SECURITIES		STATEMENT	9
			OTHER	
SECURITY DESCRIPTION		COST/FMV	SECURITIES	3

CORPORATE BONDS	FMV	99,716.
U.S. AGENCY SECURITIES	FMV	266,086.
TO FORM 990, LINE 54B, COL B	-	365,802.

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITIES	FMV	3,041.			3,041.
TO FORM 990, LINE 547	A, COL B	3,041.			3,041.

FORM 990 PART V-A - LIST OF TRUSTEES	CURRENT OFFICERS, AND KEY EMPLOYEE				
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
RANDALL SWISHER ALL IN C/O THE ORGANIZATION'S ADDRESS	EXECUTIVE DIRE		55,040.	0.	
ADDIEGO	40.00	225,501.	55,040.	0.	
JAMES WALKER	PRESIDENT 1.00	0.	0.	0.	
DAVID BLITTERSDORF	TREASURER 1.00	0.	0.	0.	
ED ING	SECRETARY 1.00	0.	0.	0.	
DON FURMAN	PRESIDENT ELEC 1.00	ЧТ 0.	0.	0.	
BOB GATES	PAST PRESIDENT 1.00	0.	0.	0.	
		•••			
JENS SOBY	AT-LARGE DIREC 1.00	TOR 0.	0.	0.	
CRAIG MATACZYNSKI	AT-LARGE DIREC 1.00	TOR 0.	0.	0.	
BRIAN MCNIFF	AT-LARGE DIREC 1.00	TOR 0.	0.	0.	
KAREN CONOVER	DIRECTOR 1.00	0.	0.	0.	

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AMERICAN WIND ENERGY ASSOCIATION	I		, 52-11	21931
DAVID DRESCHER	DIRECTOR 1.00	0.	0.	0.
DEAN GOSSELIN	DIRECTOR 1.00	0.	0.	0.
JERRY GRUNDTNER	DIRECTOR 1.00	0.	0.	0.
LARS MOLLER	DIRECTOR 1.00	0.	0.	0.
HAROLD M. ROMANOWITZ	DIRECTOR 1.00	0.	0.	0.
VICTOR R. ABATE	APPOINTED DIRECTOR	0.	0.	0.
GABRIEL ALONSO	APPOINTED DIRECTOR 1.00	0.	0.	0.
PAUL BONAVIA	APPOINTED DIRECTOR 1.00	0.	0.	0.
JOHN EBER	APPOINTED DIRECTOR 1.00	0.	0.	0.
NED HALL	APPOINTED DIRECTOR 1.00	0.	0.	0.
ROBERT LUKEFAHR	APPOINTED DIRECTOR 1.00	0.	0.	0.
MICHAEL POLSKY	APPOINTED DIRECTOR 1.00	0.	0.	0.
EDWARD W. ZAELKE	APPOINTED DIRECTOR 1.00	0.	0.	0.

AMER	ICAN WIND ENERGY AS	SOCIATION		52-	1121931
DECLAN	FLANAGAN	ADVISOR 1.00	0.	0.	0.
DAVID	GIORDANO	ADVISOR 1.00	0.	0.	0.
JAY GO	DFREY	ADVISOR 1.00	0.	0.	0.
RANDOL	PH MANN	ADVISOR 1.00	0.	0.	0.
TOTALS	INCLUDED ON FORM 9	90, PART V-A	225,361.	55,040.	0.
FORM 9		- RELATIONSHIP OF ACTIV PLISHMENT OF EXEMPT PURI		STATEN	1ENT 12
LINE	EXPLANATION OF REL	ATIONSHIP OF ACTIVITIES			
93A	CONFERENCES AND ME DEVELOPMENTS ABOUT	ETINGS THAT GATHER MEMBI	ERS TO DISCUS	S ISSUES A	AND
93B	PUBLICATIONS THAT ITS BENEFITS.	UPDATE MEMBERS AND THE		WIND ENERC	GY AND

94 DUES RECEIVED IN EXCHANGE FOR MEMBERSHIP BENEFITS.

102 SALES OF MERCHANDISE RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.

103A MISCELLANEOUS REVENUE EARNED FROM ACTIVITIES RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.