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# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

**2009**

Open to Public Inspection

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 2009 calendar year, or tax year beginning** 05/04, 2009, and ending 12/31, 20 09

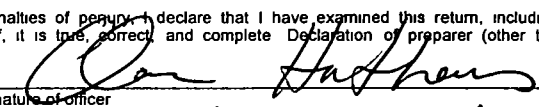
|  |   |  |                                 |  |                                     |
|--|---|--|---------------------------------|--|-------------------------------------|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input checked="" type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type See Specific Instructions | <b>C Name of organization</b> THE WIND ALLIANCE  |                                 | <b>D Employer identification number</b><br>27-0269500  |                                     |
|  |   | Doing Business As  |                                 | <b>E Telephone number</b><br>(713) 600-9994  |                                     |
|  |   | Number and street (or P O box if mail is not delivered to street address) Room/suite<br>1100 LOUISIANA ST., SUITE 5005 |                                 | <b>G Gross receipts \$</b> 618,500.  |                                     |
|  |   | City or town, state or country, and ZIP + 4<br>HOUSTON, TX 77002   |                                 | <b>H(a) Is this a group return for affiliates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br><b>H(b) Are all affiliates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/><br><small>If "No," attach a list. (see instructions)</small><br><b>H(c) Group exemption number</b> ▶ |                                     |
| <b>F Name and address of principal officer</b> JOHN D. WHITE<br>1100 LOUISIANA, SUITE 5005 HOUSTON, TX 77002   |   |  |                                 |  |                                     |
| <b>I Tax-exempt status</b> X3 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527  |   |  |                                 |  |                                     |
| <b>J Website</b> ▶ WWW.THEWINDALLIANCE.ORG   |   |  |                                 |  |                                     |
| <b>K Form of organization</b> X Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |   |  | <b>L Year of formation</b> 2009 |  | <b>M State of legal domicile</b> TX |

**Part I Summary**

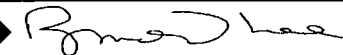
|   |  |                   |              |
|---|--|-------------------|--------------|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities<br>TO COORDINATE EFFORTS BETWEEN STATE AND THE FEDERAL GOVERNMENTS, INDUSTRY AND UNIVERSITIES (BOTH PUBLIC AND PRIVATE) WITH RESPECT TO THE RESEARCH, DEVELOPMENT AND IMPLEMENTATION OF RENEWAL WIND ENERGY. |                   |              |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets  |                   |              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>          | 3            |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>          | 0            |
|   | <b>5</b> Total number of employees (Part V, line 2a)   | <b>5</b>          | 3            |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>          | 0            |
|   | <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>         |              |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>  | 0.                |              |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year        | Current Year |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  |                   | 618,500.     |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |                   | 0.           |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                   | 0.           |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                   | 618,500.     |
| Expenses  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                   | 0.           |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  |                   | 0.           |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |                   | 256,581.     |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   |                   | 0.           |
|   | <b>b</b> Total fundraising expenses, Part IX, column (D), line 25  |                   |              |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   |                   | 112,612.     |
|   | <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   |                   | 369,193.     |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12           |  | 249,307.          |              |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16)   | Beginning of Year | End of Year  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | 0.                | 258,482.     |
|   | <b>22</b> Net assets or fund balances Subtract line 21 from line 20  | 0.                | 9,175.       |
|   |  | 0.                | 249,307.     |

**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

**Sign Here** ▶  Date 11-15-10  
 Signature of officer

▶ Claire Henkhaus, Assoc. Director.  
 Type or print name and title

|                                 |   |                         |  |   |
|---------------------------------|---|-------------------------|--|---|
| <b>Paid Preparer's Use Only</b> | <b>Preparer's signature</b> ▶                            | <b>Date</b><br>11-12-10 | <b>Check if self-employed</b> <input type="checkbox"/> | <b>Preparer's identifying number (see instructions)</b> |
|                                 | <b>Firm's name (or yours if self-employed), address, and ZIP + 4</b> ERNST & YOUNG U.S. LLP<br>401 CONGRESS AVE, SUITE 800 AUSTIN, TX 78701 |                         | <b>EIN</b> ▶ 34-6565596                                | <b>Phone no</b> ▶ 512 478-9881                          |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes  No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. \*

Form 990 (2009)

**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

ATTACHMENT 2

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

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 \$ 73,838. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

DURING 2009, THE WIND ALLIANCE DEVELOPED INTERNAL INFRASTRUCTURE, DEVELOPED MARKETING (INCLUDING A WEBSITE, A CONFERENCE, A VIDEO, ETC), AND CONTINUED TO PURSUE MEMBERSHIP.

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ▶ 73,838.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 contain various organizational requirements and their status (Yes/No).

**Part IV Checklist of Required Schedules (continued)**

|  | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. . . . .   |     | X  |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. . . . .  |     | X  |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .                                | X   |    |
| 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25 . . . . . |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  |     |    |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   |     |    |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  |     |    |
| 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .   |     | X  |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .                  |     | X  |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .  |     | 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 . . . . .                      |     | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .   |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .  |     | X  |
| c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .  |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .  |     | 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 . . . . .  |     | 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. . . . .   |     | 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 . . . . .   | 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 . . . . .   |     | 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 . . . . .  |     | X  |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .   |     | X  |
| 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 . . . . .   | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question numbers (1a-12b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

**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

**Section A. Governing Body and Management**

|    |   | Yes | No |
|----|---|-----|----|
| 1a | Enter the number of voting members of the governing body  | 3   |    |
| b  | Enter the number of voting members that are independent   | 0   |    |
| 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?   | X   |    |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | X  |
| 4  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?   |     | X  |
| 5  | Did the organization become aware during the year of a material diversion of the organization's assets?   |     | X  |
| 6  | Does the organization have members or stockholders?   |     | X  |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   |     | X  |
| b  | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   |     | X  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| a  | The governing body?   |     | X  |
| b  | Each committee with authority to act on behalf of the governing body?   |     | X  |
| 9  | Is there any officer, director, 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        |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|     | Yes | No |
|-----|-----|----|
| 10a |     | X  |
| b   |     |    |
| 11  |     | X  |
| 11A |     |    |
| 12a | X   |    |
| b   | X   |    |
| c   | X   |    |
| 13  |     | X  |
| 14  | X   |    |
| 15  |     |    |
| a   | X   |    |
| b   | X   |    |
| 16a |     | X  |
| b   |     |    |
| 16b |     |    |

**Section C. Disclosure**

- 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     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 ▶ CLARE HENKHAUS 1100 LOUISIANA STREET, SUITE 5005 HOUSTON, TX 77002





**Part VIII Statement of Revenue**

27-0269500

|   |  |                      |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|---|--|----------------------|---------------|----------------------|--|---|---|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b> | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b>            |               |                      |  |   |   |
|   | <b>b</b> Membership dues . . . . .   | <b>1b</b>            | 618,500       |                      |  |   |   |
|   | <b>c</b> Fundraising events . . . . .  | <b>1c</b>            |               |                      |  |   |   |
|   | <b>d</b> Related organizations . . . . .   | <b>1d</b>            |               |                      |  |   |   |
|   | <b>e</b> Government grants (contributions) . . . . .   | <b>1e</b>            |               |                      |  |   |   |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above . . . . .   | <b>1f</b>            | 0             |                      |  |   |   |
|   | <b>g</b> Noncash contributions included in lines 1a-1f \$ . . . . .  |                      |               |                      |  |   |   |
|   | <b>h Total. Add lines 1a-1f</b> . . . . .  |                      |               | 618,500              |  |   |   |
| <b>Program Service Revenue</b>                                    | <b>2a</b> ALL OTHER PROGRAM SERVICE REVENUE  | <b>Business Code</b> |               |                      |  |   |   |
|   | <b>b</b> _____   |                      |               |                      |  |   |   |
|   | <b>c</b> _____   |                      |               |                      |  |   |   |
|   | <b>d</b> _____   |                      |               |                      |  |   |   |
|   | <b>e</b> _____   |                      |               |                      |  |   |   |
|   | <b>f</b> All other program service revenue . . . . .   |                      |               |                      |  |   |   |
|   | <b>g Total. Add lines 2a-2f</b> . . . . .  |                      |               | 0                    |  |   |   |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . .   |                      |               | 0                    |  |   |   |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  |                      |               | 0                    |  |   |   |
|   | <b>5</b> Royalties . . . . .   |                      |               | 0                    |  |   |   |
|   | <b>6a</b> Gross Rents . . . . .  | (i) Real             | (ii) Personal |                      |  |   |   |
|   | <b>b</b> Less rental expenses . . . . .  |                      |               |                      |  |   |   |
|   | <b>c</b> Rental income or (loss) . . . . .   |                      |               |                      |  |   |   |
|   | <b>d</b> Net rental income or (loss) . . . . .   |                      |               | 0                    |  |   |   |
|   | <b>7a</b> Gross amount from sales of<br>assets other than inventory  | (i) Securities       | (ii) Other    |                      |  |   |   |
|   | <b>b</b> Less cost or other basis<br>and sales expenses . . . . .  |                      |               |                      |  |   |   |
|   | <b>c</b> Gain or (loss) . . . . .  |                      |               |                      |  |   |   |
|   | <b>d</b> Net gain or (loss) . . . . .  |                      |               | 0                    |  |   |   |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | <b>a</b>             |               |                      |  |   |   |
|   | <b>b</b> Less direct expenses . . . . .  | <b>b</b>             |               |                      |  |   |   |
|   | <b>c</b> Net income or (loss) from fundraising events . . . . .  |                      |               | 0                    |  |   |   |
|   | <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . .  | <b>a</b>             |               |                      |  |   |   |
|   | <b>b</b> Less direct expenses . . . . .  | <b>b</b>             |               |                      |  |   |   |
|   | <b>c</b> Net income or (loss) from gaming activities . . . . .   |                      |               | 0                    |  |   |   |
|   | <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .  | <b>a</b>             |               |                      |  |   |   |
| <b>b</b> Less cost of goods sold . . . . .                        | <b>b</b>   |                      |               |                      |  |   |   |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .   |  |                      | 0             |                      |  |   |   |
| <b>Miscellaneous Revenue</b>                                      |  | <b>Business Code</b> |               |                      |  |   |   |
| <b>11a</b> ALL OTHER REVENUE                                      |  |                      |               |                      |  |   |   |
| <b>b</b> _____  |  |                      |               |                      |  |   |   |
| <b>c</b> _____  |  |                      |               |                      |  |   |   |
| <b>d</b> All other revenue . . . . .                              |  |                      |               |                      |  |   |   |
| <b>e Total. Add lines 11a-11d</b> . . . . .                       |  |                      |               | 0                    |  |   |   |
| <b>12 Total Revenue. See instructions</b> . . . . .               |  |                      |               | 618,500              |  |   |   |

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .  | 0.                    |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22 . . . . .  | 0.                    |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 . . . . .   | 0.                    |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .   | 0.                    |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .  | 136,156.              | 27,231.                         | 108,925.                               |                             |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .   | 0.                    |                                 |  |                             |
| 7 Other salaries and wages . . . . .  | 100,619.              | 20,124.                         | 80,495.                                |                             |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .   | 0.                    |                                 |  |                             |
| 9 Other employee benefits . . . . .   | 3,881.                | 776.                            | 3,105.                                 |                             |
| 10 Payroll taxes . . . . .  | 15,925.               | 3,185.                          | 12,740.                                |                             |
| 11 Fees for services (non-employees)  |                       |                                 |  |                             |
| a Management . . . . .  | 0.                    |                                 |  |                             |
| b Legal . . . . .   | 0.                    |                                 |  |                             |
| c Accounting . . . . .  | 539.                  | 108.                            | 431.                                   |                             |
| d Lobbying . . . . .  | 0.                    |                                 |  |                             |
| e Professional fundraising services See Part IV, line 17  | 0.                    |                                 |  |                             |
| f Investment management fees . . . . .  | 0.                    |                                 |  |                             |
| g Other . . . . .   | 38,951.               | 7,790.                          | 31,161.                                |                             |
| 12 Advertising and promotion . . . . .  | 3,500.                | 700.                            | 2,800.                                 |                             |
| 13 Office expenses . . . . .  | 6,062.                | 1,212.                          | 4,850.                                 |                             |
| 14 Information technology . . . . .   | 4,529.                | 906.                            | 3,623.                                 |                             |
| 15 Royalties . . . . .  | 0.                    |                                 |  |                             |
| 16 Occupancy . . . . .  | 2,163.                | 433.                            | 1,730.                                 |                             |
| 17 Travel . . . . .   | 23,046.               | 4,609.                          | 18,437.                                |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . .   | 6,437.                | 1,287.                          | 5,150.                                 |                             |
| 20 Interest . . . . .   | 0.                    |                                 |  |                             |
| 21 Payments to affiliates . . . . .   | 0.                    |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . .  | 2,577.                | 515.                            | 2,062.                                 |                             |
| 23 Insurance . . . . .  | 0.                    |                                 |  |                             |
| 24 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)   |                       |                                 |  |                             |
| a ADMINISTRATIVE SUPPORT -----  | 13,200.               | 2,640.                          | 10,560.                                |                             |
| b MEMBER & COMMITTEE DEVELOPME -----  | 4,038.                | 808.                            | 3,230.                                 |                             |
| c ALL OTHER EXPENSES -----  | 7,570.                | 1,514.                          | 6,056.                                 |                             |
| d -----   |                       |                                 |  |                             |
| e -----   |                       |                                 |  |                             |
| f All other expenses -----  |                       |                                 |  |                             |
| <b>25 Total functional expenses</b> Add lines 1 through 24f   | <b>369,193.</b>       | <b>73,838.</b>                  | <b>295,355.</b>                        |                             |
| 26 <b>Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

|                                    |  | (A)<br>Beginning of year  |         | (B)<br>End of year |          |        |
|------------------------------------|--|---|---------|--------------------|----------|--------|
| <b>Assets</b>                      | 1  | Cash - non-interest-bearing   | 0.      | 1                  | 229,882. |        |
|                                    | 2  | Savings and temporary cash investments  | 0.      | 2                  | 0.       |        |
|                                    | 3  | Pledges and grants receivable, net  | 0.      | 3                  | 5,317.   |        |
|                                    | 4  | Accounts receivable, net  | 0.      | 4                  | 3,693.   |        |
|                                    | 5  | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L                 |         | 5                  |          |        |
|                                    | 6  | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L    |         | 6                  |          |        |
|                                    | 7  | Notes and loans receivable, net   |         | 7                  |          |        |
|                                    | 8  | Inventories for sale or use   |         | 8                  |          |        |
|                                    | 9  | Prepaid expenses and deferred charges   |         | 9                  |          |        |
|                                    | 10a  | Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D  | 11,091. |                    |          |        |
|                                    | 10b  | Less: accumulated depreciation  | 1,603.  | 0.                 | 10c      | 9,488. |
|                                    | 11   | Investments - publicly traded securities  |         | 11                 |          |        |
|                                    | 12   | Investments - other securities See Part IV, line 11   |         | 12                 |          |        |
|                                    | 13   | Investments - program-related See Part IV, line 11  |         | 13                 |          |        |
|                                    | 14   | Intangible assets   | 0.      | 14                 | 10,102.  |        |
|                                    | 15   | Other assets See Part IV, line 11   |         | 15                 |          |        |
| 16                                 | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 0.  | 16      | 258,482.           |          |        |
| <b>Liabilities</b>                 | 17   | Accounts payable and accrued expenses   | 0.      | 17                 | 9,175.   |        |
|                                    | 18   | Grants payable  |         | 18                 |          |        |
|                                    | 19   | Deferred revenue  |         | 19                 |          |        |
|                                    | 20   | Tax-exempt bond liabilities   |         | 20                 |          |        |
|                                    | 21   | Escrow or custodial account liability Complete Part IV of Schedule D  |         | 21                 |          |        |
|                                    | 22   | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L |         | 22                 |          |        |
|                                    | 23   | Secured mortgages and notes payable to unrelated third parties  |         | 23                 |          |        |
|                                    | 24   | Unsecured notes and loans payable to unrelated third parties  |         | 24                 |          |        |
|                                    | 25   | Other liabilities Complete Part X of Schedule D   |         | 25                 |          |        |
|                                    | 26   | <b>Total liabilities.</b> Add lines 17 through 25   | 0.      | 26                 | 9,175.   |        |
| <b>Net Assets or Fund Balances</b> | Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |         |                    |          |        |
|                                    | 27   | Unrestricted net assets   |         | 27                 |          |        |
|                                    | 28   | Temporarily restricted net assets   |         | 28                 |          |        |
|                                    | 29   | Permanently restricted net assets   |         | 29                 |          |        |
|                                    | Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.    |   |         |                    |          |        |
|                                    | 30   | Capital stock or trust principal, or current funds  |         | 30                 |          |        |
|                                    | 31   | Paid-in or capital surplus, or land, building, or equipment fund  |         | 31                 |          |        |
|                                    | 32   | Retained earnings, endowment, accumulated income, or other funds  |         | 32                 | 249,307. |        |
| 33                                 | <b>Total net assets or fund balances</b>   | 0.  | 33      | 249,307.           |          |        |
| 34                                 | <b>Total liabilities and net assets/fund balances</b>  | 0.  | 34      | 258,482.           |          |        |

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990  Cash  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? . . . . .
- b Were the organization's financial statements audited by an independent accountant? . . . . .
- 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? . . . . .  
 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  
 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? . . . . .
- 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

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>2a</b> |     | X  |
| <b>2b</b> |     | X  |
| <b>2c</b> |     |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |

Form **990** (2009)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3 . . . . .   |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . . |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total                           |
|--|----------|----------|----------|----------|----------|-------------------------------------|
| 7 Amounts from line 4 . . . . .  |          |          |          |          |          |                                     |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .   |          |          |          |          |          |                                     |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |          |          |          |          |          |                                     |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .   |          |          |          |          |          |                                     |
| 11 Total support. Add lines 7 through 10 . . . . .   |          |          |          |          |          |                                     |
| 12 Gross receipts from related activities, etc (see instructions) . . . . .  |          |          |          |          | 12       |                                     |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . |          |          |          |          |          | <input checked="" type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|  |    |                          |
|--|----|--------------------------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .  | 14 | %                        |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .  | 15 | %                        |
| 16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .   |    | <input type="checkbox"/> |
| b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .  |    | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .      |    | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |    | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .  |    | <input type="checkbox"/> |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5 . . . . .   |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| c Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 . . . . .   |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .  |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .   |          |          |          |          |          |           |
| c Add lines 10a and 10b . . . . .   |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .  |          |          |          |          |          |           |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .  |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .  |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |    |   |
|---|----|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .                      | 16 | % |

**Section D. Computation of Investment Income Percentage**

|  |    |   |
|--|----|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .                        | 18 | % |

19a **33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ▶

b **33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ▶

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

Name of the organization

Employer identification number

THE WIND ALLIANCE

27-0269500

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 funds 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Sub-rows: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 8/17/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116, not 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, provide, in Part XIV, the text of 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, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2009

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XI V.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10

|  | (a) Current Year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment \_\_\_\_\_ %
- b Permanent endowment \_\_\_\_\_ %
- c Term endowment \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

|                             | Yes    | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

|    |  |
|----|--|
| 3b |  |
|----|--|

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 11,091.1,603.                   |                              | 9,488.         |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) |                                      |                                 |                              | 9,488.         |



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |   |  |    |
|----|---|--|----|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                |  | 1  |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                 |  | 2  |
| 3  | Excess or (deficit) for the year Subtract line 2 from line 1                            |  | 3  |
| 4  | Net unrealized gains (losses) on investments  |  | 4  |
| 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  |
| 10 | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 |  | 10 |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |    |
|---|---|----|----|
| 1 | Total revenue, gains, and other support per audited financial statements      |    | 1  |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12            |    |    |
| a | Net unrealized gains on investments   | 2a |    |
| b | Donated services and use of facilities  | 2b |    |
| c | Recoveries of prior year grants   | 2c |    |
| d | Other (Describe in Part XIV)  | 2d |    |
| e | Add lines 2a through 2d   |    | 2e |
| 3 | Subtract line 2e from line 1  |    | 3  |
| 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              | 4a |    |
| b | Other (Describe in Part XIV.)   | 4b |    |
| c | Add lines 4a and 4b   |    | 4c |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) |    | 5  |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |    |
|---|--|----|----|
| 1 | Total expenses and losses per audited financial statements                     |    | 1  |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25               |    |    |
| a | Donated services and use of facilities   | 2a |    |
| b | Prior year adjustments   | 2b |    |
| c | Other losses   | 2c |    |
| d | Other (Describe in Part XIV.)  | 2d |    |
| e | Add lines 2a through 2d  |    | 2e |
| 3 | Subtract line 2e from line 1   |    | 3  |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:             |    |    |
| a | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a |    |
| b | Other (Describe in Part XIV)   | 4b |    |
| c | Add lines 4a and 4b  |    | 4c |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) |    | 5  |

**Part XIV Supplemental Information**

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

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**Part XIV** Supplemental Information *(continued)*

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization  
**THE WIND ALLIANCE**

Employer identification number  
**27-0269500**

**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a Receive a severance payment or change-of-control payment? **4a** X
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a The organization? **5a** X
- b Any related organization? **5b** X
- If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

- a The organization? **6a** X
- b Any related organization? **6b** X
- If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** X

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

|    | Yes | No |
|----|-----|----|
| 1a |     |    |
| 1b |     |    |
| 2  |     |    |
| 3  |     |    |
| 4a |     | X  |
| 4b |     | X  |
| 4c |     | X  |
| 5a |     | X  |
| 5b |     | X  |
| 6a |     | X  |
| 6b |     | X  |
| 7  |     | X  |
| 8  |     | X  |
| 9  |     |    |

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

Schedule J (Form 990) 2009

**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)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name              | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|                       | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| JOHN WHITE            | (i) 124,513.<br>(ii) 112,693.                      |                                     |                                     | 3,629.   | 11,643.<br>3,583.       | 136,156.<br>119,905.            |  |
| DONALD BIRX           | (i) 255,014.                                       |                                     | 12,475.                             | 10,777.  | 8,601.                  | 286,867.                        |  |
| DONA HAMILTON CORNELL | (i) 260,747.                                       |                                     | 16,140.                             | 15,853.  | 8,600.                  | 301,340.                        |  |
|                       | (i) -----  |                                     | -----                               | -----  | -----                   | -----                           | -----  |
|                       | (ii) -----   |                                     | -----                               | -----  | -----                   | -----                           | -----  |
|                       | (iii) -----  |                                     | -----                               | -----  | -----                   | -----                           | -----  |
|                       | (i) -----  |                                     | -----                               | -----  | -----                   | -----                           | -----  |
|                       | (ii) -----   |                                     | -----                               | -----  | -----                   | -----                           | -----  |
|                       | (iii) -----  |                                     | -----                               | -----  | -----                   | -----                           | -----  |
|                       | (i) -----  |                                     | -----                               | -----  | -----                   | -----                           | -----  |
|                       | (ii) -----   |                                     | -----                               | -----  | -----                   | -----                           | -----  |
|                       | (iii) -----  |                                     | -----                               | -----  | -----                   | -----                           | -----  |
|                       | (i) -----  |                                     | -----                               | -----  | -----                   | -----                           | -----  |
|                       | (ii) -----   |                                     | -----                               | -----  | -----                   | -----                           | -----  |
|                       | (iii) -----  |                                     | -----                               | -----  | -----                   | -----                           | -----  |
|                       | (i) -----  |                                     | -----                               | -----  | -----                   | -----                           | -----  |
|                       | (ii) -----   |                                     | -----                               | -----  | -----                   | -----                           | -----  |
|                       | (iii) -----  |                                     | -----                               | -----  | -----                   | -----                           | -----  |

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

SUPPLEMENTAL COMPENSATION INFORMATION

COMPENSATION FOR DONALD BIRX AND DONA H. CORNELL WERE PAID BY THE

UNIVERSITY OF HOUSTON IN THEIR CAPACITY AS EMPLOYEE. NO COMPENSATION

RELATES TO THEIR SERVICES AS DIRECTOR OF THE WIND ALLIANCE.

SCH J PART II

JOHN WHITE WAS EMPLOYED BY BOTH THE WIND ALLIANCE AND THE UNIVERSITY OF

HOUSTON, A RELATED ORGANIZATION, DURING 2009. MR. WHITE'S EMPLOYMENT

WITH THE UNIVERSITY TERMINATED UPON HIM JOINING THE WIND ALLIANCE.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE WIND ALLIANCE

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

2009

Open to Public  
Inspection

Employer identification number

27-0269500

ATTACHMENT 1

THE WIND ALLIANCE

FORM 990, PART VI, LINE 2

DIRECTORS AND OFFICERS, DONALD BIRX AND JOHN D. WHITE, AND DIRECTOR, DONA  
HAMILTON CORNELL, HAVE A BUSINESS RELATIONSHIP, AS THEY ARE EMPLOYED BY  
UNIVERSITY OF HOUSTON.

FORM 990, PART VI, LINES 8A AND 8B

THE ORGANIZATION DID NOT CONDUCT BOARD MEETINGS DURING 2009.

FORM 990, PART VI, LINE 11

THE ASSOCIATE DIRECTOR REVIEWS THE FORM 990 PRIOR TO THE FILING OF THE  
RETURN. THE BOARD OF DIRECTORS ARE PROVIDED AN ELECTRONIC COPY OF THE  
RETURN VIA EMAIL AFTER IT IS FILED BY THE ASSOCIATE DIRECTOR.

FORM 990, PART VI, LINE 12C

EACH DIRECTOR, OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD  
DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT REAFFIRMING THEIR  
UNDERSTANDING AND COMPLIANCE OF THE CONFLICT OF INTEREST POLICY. PERIODIC  
REVIEWS SHALL BE CONDUCTED TO ENSURE COMPLIANCE WITH THE POLICY.

|   |  |
|---|--|
| Name of the organization<br>THE WIND ALLIANCE | Employer identification number<br>27-0269500 |
|---|--|

ATTACHMENT 1 (CONT'D)

FORM 990, PART VI, LINE 15A AND 15B

THE COMPENSATION FOR THE ORGANIZATION'S EMPLOYEES HAS NOT BEEN ADJUSTED SINCE INCEPTION IN 2009. THE INITIAL COMPENSATION OF EMPLOYEES AT INCEPTION WAS DETERMINED BY THE BOARD OF DIRECTORS TO BE REFLECTIVE OF MARKET CONDITIONS.

FORM 990, PART VI, LINE 19

THE ORGANIZATION MAKES IT GOVERING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST BY WRITING OUR MAILING ADDRESS OR TELEPHONING OUR OFFICES.

ATTACHMENT 2FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO COORDINATE EFFORTS BETWEEN STATE AND THE FEDERAL GOVERNMENTS, INDUSTRY AND UNIVERSITIES (BOTH PUBLIC AND PRIVATE) WITH RESPECT TO THE RESEARCH, DEVELOPMENT AND IMPLEMENTATION OF RENEWAL WIND ENERGY IN THE WIND CORRIDOR STATES. ITS ACTIVITIES WILL INCLUDE DISSEMINATING INFORMATION ON DEVELOPMENTS IN WIND POWER, COORDINATING AND PROMOTING THE SCIENTIFIC RESEARCH OF IMPROVEMENTS TO WIND ENERGY GENERATION AND IMPLEMENTATION, AND PROMOTING THE DEVELOPMENT OF AND STANDARDIZATION OF ACADEMIC PROGRAMS AND TRAINING IN THE FIELD OF WIND ENERGY INDUSTRY.





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity  |     | X  |
| <b>b</b> Gift, grant, or capital contribution to other organization(s)   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from other organization(s)   |     | X  |
| <b>d</b> Loans or loan guarantees to or for other organization(s)  |     | X  |
| <b>e</b> Loans or loan guarantees by other organization(s)   |     | X  |
| <b>f</b> Sale of assets to other organization(s)   |     | X  |
| <b>g</b> Purchase of assets from other organization(s)   |     | X  |
| <b>h</b> Exchange of assets  |     | X  |
| <b>i</b> Lease of facilities, equipment, or other assets to other organization(s)  |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets from other organization(s)  |     | X  |
| <b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)   |     | X  |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets  |     | X  |
| <b>n</b> Sharing of paid employees   |     | X  |
| <b>o</b> Reimbursement paid to other organization for expenses   |     | X  |
| <b>p</b> Reimbursement paid by other organization for expenses   |     | X  |
| <b>q</b> Other transfer of cash or property to other organization(s)   |     | X  |
| <b>r</b> Other transfer of cash or property from other organization(s)   |     | X  |

|  | (a)<br>Name of other organization | (b)<br>Transaction type (a-f) | (c)<br>Amount involved |
|--|-----------------------------------|-------------------------------|------------------------|
| <b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds |                                   |                               |                        |
| <b>(1)</b>   |                                   |                               |                        |
| <b>(2)</b>   |                                   |                               |                        |
| <b>(3)</b>   |                                   |                               |                        |
| <b>(4)</b>   |                                   |                               |                        |
| <b>(5)</b>   |                                   |                               |                        |
| <b>(6)</b>   |                                   |                               |                        |

