Form **990EZ**

Short Form
Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990EZ* for instructions and the latest information.**

OMB No. 1545-1150

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 01-01-2021 , and ending 03-31-2021

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☑ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AMERICAN WIND ENERGY ASSOCIATION

Number and street (or P. O. box, if mail is not delivered to street address) | Room/suite
1501 M STREET NW NO 900 |

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20005

D Employer identification number
52-1121931

E Telephone number
(202) 383-2500

F Group Exemption Number ▶

G Accounting Method: ☐ Cash ☑ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶WWW.AWEA.ORG

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☑ 501(c)(6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 0

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b			
	c	Less: direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	0
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe in Schedule O)			16	
	17	**Total expenses.** Add lines 10 through 16 ▶			17	0
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	0
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	10,967,599
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	-10,967,599
	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	0

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	15,813,775	22	0
23 Land and buildings	1,772,634	23	0
24 Other assets (describe in Schedule O)	740,749	24	0
25 **Total assets**	18,327,158	25	0
26 **Total liabilities** (describe in Schedule O)	7,359,559	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	10,967,599	27	0

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☑

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose?
THE MISSION OF THE AMERICAN WIND ENERGY ASSOCIATION (AWEA) IS TO PROMOTE WIND POWER GROWTH THROUGH ADVOCACY, COMMUNICATIONS AND EDUCATION.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 AMERICAN WIND ENERGY ASSOCIATION DID NOT HAVE OPERATIONS IN 2021. (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐		28a	0
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		29a	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		30a	
31 Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐		31a	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶		32	

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☑

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHRIS BROWN DIRECTOR, CHAIR	1.00	0	0	0
STEVE LOCKARD PAST CHAIR	1.00	0	0	0
SUSAN NICKEY TREASURER	1.00	0	0	0
SHANNON STURGIL SECRETARY	1.00	0	0	0
VIKAS ANAND DIRECTOR	1.00	0	0	0
CRAIG CORNELIUS DIRECTOR	1.00	0	0	0
ELLEN CRIVELLA DIRECTOR	1.00	0	0	0
ALEJANDRO DE HOZ DIRECTOR	1.00	0	0	0
MICHAEL GARLAND DIRECTOR	1.00	0	0	0
KEVIN GILDEA DIRECTOR	1.00	0	0	0
DAVID GIORDANO DIRECTOR	1.00	0	0	0
MARK GOODWIN DIRECTOR	1.00	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☑

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		No
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	Yes	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . .	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 . . . . . 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c 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? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ HEATHER ZICHAL Telephone no.▶ (202) 383-2500 Located at ▶ 1501 M STREET NW SUITE 900 WASHINGTON , DC ZIP + 4 ▶ 20005			

			Yes	No
b	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)? . . If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		No
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . If "Yes," enter the name of the foreign country: ▶	42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041 -** Check here . . . . . ▶☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		No

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	**(b)** Average hours per week devoted to position	**(c)** Reportable compensation (Forms W-2/1099-MISC)	**(d)** Health benefits, contributions to employee benefit plans, and deferred compensation	**(e)** Estimated amount of other compensation

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	**(b)** Type of service	**(c)** Compensation

d Total number of other independent contractors each receiving over $100,000. ▶

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ **Yes** ☐ **No**

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

▶ Signature of officer	2022-02-15 Date
▶ HEATHER ZICHAL CEO, AMERICAN CLEAN POWER ASSOC. Type or print name and title	

Paid Preparer Use Only

Print/Type preparer's name AARON M FOX	Preparer's signature	Date 2022-02-15	Check ☐ if self-employed	PTIN P01365820
Firm's name ▶ MARCUM LLP			Firm's EIN ▶ 11-1986323	
Firm's address ▶ 1899 L STREET NW SUITE 850 WASHINGTON, DC 20036			Phone no. (202) 227-4000	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☑ **Yes** ☐ **No**

Additional Data

Return to Form

Software ID:

Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
- Attach certified copies of any articles of dissolution, resolutions, or plans.
- Attach to Form 990 or 990-EZ.
- Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN WIND ENERGY ASSOCIATION

Employer identification number
52-1121931

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH, SAVINGS, AND INVESTMENTS	01-01-2021	15,813,775	BOOK VALUE	52-1121931	AMERICAN CLEAN POWER ASSOCIATION 1501 M STREET NW SUITE 900 WASHINGTON,DC 20005	501(C)(6)
	FIXED ASSETS	01-01-2021	1,772,634	BOOK VALUE	52-1121931	AMERICAN CLEAN POWER ASSOCIATION 1501 M STREET NW SUITE 900 WASHINGTON,DC 20005	501(C)(6)
	OTHER ASSETS	01-01-2021	740,749	BOOK VALUE	52-1121931	AMERICAN CLEAN POWER ASSOCIATION 1501 M STREET NW SUITE 900 WASHINGTON,DC 20005	501(C)(6)
	LIABILITIES	01-01-2021	-7,359,559	BOOK VALUE	52-1121931	AMERICAN CLEAN POWER ASSOCIATION 1501 M STREET NW SUITE 900 WASHINGTON,DC 20005	501(C)(6)

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:		
a	Become a director or trustee of a successor or transferee organization?		2a No
b	Become an employee of, or independent contractor for, a successor or transferee organization?	Yes	2b No
c	Become a direct or indirect owner of a successor or transferee organization?		2c No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?		2d No
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶		

Part I Liquidation, Termination, or Dissolution (continued)

			Yes	No
	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.			
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	**3**	Yes	
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	**4a**	Yes	
b	If "Yes," did the organization provide such notice?	**4b**	Yes	
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	**5**	Yes	
6a	Did the organization have any tax-exempt bonds outstanding during the year?	**6a**		No
b	If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	**6b**		
c	If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.			

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	**(a)** Description of asset(s) distributed or transaction expenses paid	**(b)** Date of distribution	**(c)** Fair market value of asset(s) distributed or amount of transaction expenses	**(d)** Method of determining FMV for asset(s) distributed or transaction expenses	**(e)** EIN of recipient	**(f)** Name and address of recipient	**(g)** IRC section of recipient(s) (if tax-exempt) or type of entity

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:			
a	Become a director or trustee of a successor or transferee organization?	**2a**		No
b	Become an employee of, or independent contractor for, a successor or transferee organization?	**2b**	Yes	No
c	Become a direct or indirect owner of a successor or transferee organization?	**2c**		No
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	**2d**		No
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶			

Part III Supplemental Information.

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
AMERICAN WIND ENERGY ASSOCIATION

Employer identification number
52-1121931

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION: TRANSFER OF ASSETS AND LIABILITIES TO AMERICAN CLEAN POWER ASSOCIATION. AMOUNT: -10,967,599.
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION: PLEDGES AND GRANTS RECEIVABLE. BEG. OF YEAR AMOUNT: 257,150. END OF YEAR AMOUNT: 0. DESCRIPTION: ACCOUNTS RECEIVABLE. BEG. OF YEAR AMOUNT: 60,134. END OF YEAR AMOUNT: 0. DESCRIPTION: NOTES AND LOANS RECEIVABLE. BEG. OF YEAR AMOUNT: 1,745. END OF YEAR AMOUNT: 0. DESCRIPTION: INVENTORY. BEG. OF YEAR AMOUNT: 12,949. END OF YEAR AMOUNT: 0. DESCRIPTION: PREPAID EXPENSES. BEG. OF YEAR AMOUNT: 263,222. END OF YEAR AMOUNT: 0. DESCRIPTION: INTEREST RECEIVABLE. BEG. OF YEAR AMOUNT: 13,868. END OF YEAR AMOUNT: 0. DESCRIPTION: SECURITY DEPOSITS. BEG. OF YEAR AMOUNT: 131,681. END OF YEAR AMOUNT: 0.
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION: ACCOUNTS PAYABLE AND ACCRUED EXPENSES. BEG. OF YEAR AMOUNT: 2,766,551. END OF YEAR AMOUNT: 0. DESCRIPTION: DEFERRED REVENUE. BEG. OF YEAR AMOUNT: 2,797,317. END OF YEAR AMOUNT: 0. DESCRIPTION: DEFERRED RENT AND LEASE INCENTIVE. BEG. OF YEAR AMOUNT: 1,520,884. END OF YEAR AMOUNT: 0. DESCRIPTION: DEFERRED COMPENSATION. BEG. OF YEAR AMOUNT: 274,807. END OF YEAR AMOUNT: 0.

Additional Data

Return to Form

Software ID:

Software Version:

TY 2020 IRS 990 e-File Render

Name: AMERICAN WIND ENERGY ASSOCIATION

EIN: 52-1121931

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.