Department of the Treasury

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

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 D Employer identification number B Check if applicable WIND ON THE WIRES Address change 06-1670689 Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (651) 644-3400 1619 DAYTON AVENUE NO 203 Terminated City or town, state or country, and ZIP + 4 ST PAUL, MN 551046206 G Gross receipts \$ 1,078,398 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes BETH SOHOLT 1619 DAYTON AVENUE NO 203 □ Yes □ No H(b) Are all affiliates included? ST PAUL, MN 551046206 If "No." attach a list (see instructions) H(c) Group exemption number ▶ Tax-exempt status **▽** 501(c)(3) **▽** Website: ► WWW WINDONTHEWIRES ORG K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 2002 M State of legal domicile Summary Part I Briefly describe the organization's mission or most significant activities WORKING TO OVERCOME THE BARRIERS TO BRINGING WIND POWER TO THE MARKET IN THE MIDWEST BY ADDRESSING TECHNICAL AND REGULATORY ISSUES THROUGH EDUCATION AND PUBLIC OUTREACH Activities & Governance 2 Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 4 14 4 Number of independent voting members of the governing body (Part VI, line 1b) . . 5 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . 6 0 Total number of volunteers (estimate if necessary) **7a**Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** 706,500 Contributions and grants (Part VIII, line 1h) . 1,068,550 Program service revenue (Part VIII, line 2g) . 0 0 45 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,348 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 7,500 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 706,545 13 0 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 0 Expenses 494,450 10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 3 453,951 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 948,401 19 Revenue less expenses Subtract line 18 from line 12 $\,$. 706,542 129,997 Net Assets or Fund Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) . . . 1,130,084 1,324,962 21 Total liabilities (Part X, line 26) 100 64,981 22 Net assets or fund balances Subtract line 21 from line 20 1,129,984 1,259,981 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. 2011-11-14 Signature of officer Sign Here BETH SOHOLT PRESIDENT, CEO Type or print name and title Check if self Preparer's signature LINDA M NELSON employed 🕨 LINDA M NELSON

ST PAUL, MN 55113

May the IRS discuss this return with the preparer shown above? (see instructions) \dots

Firm's name FOLSEN THIELEN & COLTD

Firm's address 🕨 2675 LONG LAKE ROAD

Paid

Preparer

Use Only

Phone no 🕨 (651) 483-

Firm's EIN

orm	990 (2010)					Page 2
Par	Statement of Program Check if Schedule O contai					F
A D D P O L I E N E I	Briefly describe the organization's D ON THE WIRES (WOW) WORKS T RESSING TECHNICAL, PUBLIC PO ICIES TO ADVANCE THE USE OF RGY STANDARD OBJECTIVES AN EGRATED INTO THE ELECTRIC GF	O OVERCOME TH DLICY AND REGUL WIND POWER IN T D GOALS, AS WELI	ATORY ISSUES HE MIDWEST T	DURING 2010, WC O MEET STATE, RE) W DRAFTED AND AD GIONAL, AND NATIO	VOCATED FOR NAL RENEWABLE
2	Did the organization undertake any the prior Form 990 or 990-EZ?		m services during	the year which were		es 🗸 No
	If "Yes," describe these new service	es on Schedule O				
3	Did the organization cease conduct services?		icant changes in	how it conducts, any	program	es 🔽 No
4	Describe the exempt purpose achi Section 501(c)(3) and 501(c)(4) of allocations to others, the total exp	evements for each organizations and se	ection 4947(a)(1) trusts are required	to report the amount of	
4a	(Code) (Expense	es \$ 403,9	923 including gran	ts of \$	0) (Revenue \$	0)
	EDUCATION - WOW EDUCATED NGO COL GENERAL PUBLIC AND OTHER STAKEHOL TRANSMISSION INFRASTRUCTURE TO DI INDEPENDENT TRANSMISSION SYSTEM OF GOVERNORS ASSOCIATION TO KEEP WIN NGO COLLEAGUES, AND OTHER STAKEHO ECONOMIC BENEFITS TO STATES AND THE ADVANCE THE DEVELOPMENT OF ROBUST FOR APPROVAL OF NEW TRANSMISSION	DERS ON THE TECHNIC ELIVER WIND ENERGY T IPERATOR (MISO) MULT ID AND CLEAN ENERGY DIDERS ON THE COST C HE REGION FROM WIND T AMOUNTS OF WIND E	AL ASPECTS OF WIN O MARKET SPECIFIC I-VALUE PROJECT (I MARKETS A PRIORIT IF WIND, WIND INTE AND TRANSMISSION NERGY - WORKED C	D POWER AND TRANSMIS CALLY WOW - SECURED S IVP) COST ALLOCATION F Y IN THE MIDWEST - PRO GRATION ISSUES, THE EL I DEVELOPMENT - ADVOC	SSION LINE ISSUES AND ADN SUPPORT OF STATE REGULA PLAN - PARTNERED WITH TI OVIDED INFORMATION TO R LECTRIC GRID, BEST PRACT SATED IN SEVERAL MIDWEST	OCATED FOR NEW ATORS FOR THE MIDWEST HE MIDWESTERN LEGULATORS, LEGISLATORS, ICES IN WIND SITING, AND TO STATES FOR POLICIES TO
4b	(Code) (Expense	es \$ 232,2	277 ıncludıng gran	ts of \$	0) (Revenue \$	7,500)
	TECHNICAL - WOW PARTICIPATED IN TR MARKET RULES TO INTEGRATE WIND PO AMOUNTS OF RENEWABLE ENERGY DUR WAS A MULTI-YEAR STUDY FOCUSED ON REQUIREMENTS IN THE MIDWEST AND A DISCUSSIONS AROUND WHEN, WHERE, AS THE MARKET SUBCOMMITTEE, RELIAI INTERCONNECTION PLANNING COLLABOR STEERING COMMITTEE REPRESENTING I	WER INTO THE ELECTR ING 2010, KEY TECHNI I THE TECHNICAL REQU ICHIEVE THE LOWEST C AND HOW TO BUILD NEY BILITY SUBCOMMITTEE, RATIVE (EIPC) - WOW F	IC TRANSMISSION S' CAL ACTIVITIES FOR IREMENTS NECESSAI OST PER-MWH THE N CLEAN ENERGY TF INTERCONNECTION	YSTEM, AND ANALYSIS OF WOW INCLUDED - MISO RY TO DEVELOP TRANSMI STUDY PROVIDES A FIRM ANSMISSION FOR THE M PROCESS TASK FORCE, A	FINTEGRATED SYSTEM OPE REGIONAL GENERATOR OU ISSION PORTFOLIOS THAT W I TECHNICAL FOUNDATION IJDWEST - PARTICIPATION I AND THE PLANNING ADVISO	RATIONS WITH HIGHER TLET STUDY (RGOS) RGOS /ILL FULFILL RES FOR ONGOING N MISO COMMITTEES SUCH RY COMMITTEE - EASTERN
4c	(Code) (Expense	es \$ 193,	774 ıncludıng gran	ts of \$	0) (Revenue \$	0)
T C	REGULATORY - WOW PARTICIPATED IN I RENEWABLE ENERGY STANDARDS AND C ACHIEVED BROAD COST ALLOCATION FO CRAFTED AND FILED COMMENTS IN SEV DOCKETS, AND MISO TARIFF AND COMP	MANY STATE AND FEDER THER PUBLIC POLICIES R NEW TRANSMISSION ERAL STATE AND FEDER	RAL REGULATORY PR TO ADVANCE THE D INFRASTRUCTURE F	OCEEDINGS TO ENSURE EPLOYMENT OF CLEAN EN ROM MISO AND THE FEDI	TIMELY AND EFFECTIVE IMF NERGY IN THE MIDWEST SF ERAL ENERGY REGULATORY	PLEMENTATION OF STATE PECIFICALLY, WOW - COMMISSION (FERC) -
4-1	0.16	a an Cabadada O N				
4d	Other program services (Describ (Expenses \$	ncluding gran	ts of \$) (Rever	nue \$)
4e	Total program service expenses▶),974	, (,	•	,

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🖘	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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	21		Νο
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	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L, Part III </i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\boxed{\text{Yes}}$ $\boxed{\text{Yes}}$ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2010)

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 3			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	.	.,	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
3a	year?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	эс 6а		N o
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7	were not tax deductible?	6D		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
-	services provided to the payor?	, u	163	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		140
-	The rest, indicate the number of forms 5252 med during the year 1 1 1 1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		No
f	contract?	76 7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	7		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Institution focal and contributions included on Port VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year			
	Is the organization licensed to issue qualified health plans in more than one state?			
-	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	ın which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
h	If "Yes " has it filed a Form 720 to report these nayments? If "No " provide an explanation in Schedule O	14b		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
ке	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	103	No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		110
_	affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ь		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by			
-	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15a	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	130	163	
	The state of the first of the process in schedule of (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	. –		
17	List the States with which a copy of this Form 990 is required to be filed▶MN			
18	Section 6104 requires an organization to make its Form 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 Vpon 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization BETH SOHOLT
 1619 DAYTON AVENUE SUITE 203

ST PAUL, MN 551046206

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization no<u>r any related organization compensated any current officer, director, or trustee</u>

(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	che		I		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) JOE DEVITO CHAIRMAN	2 00	Х		Х				0	0	0
(2) REBECCA STANFIELD VICE CHAIRMAN	2 00	х		Х				0	0	0
(3) KATIE ROEK SECRETARY	2 00	х		Х				0	0	0
(4) BRIAN LAMMERS TREASURER	2 00	Х		Х				0	0	0
(5) SETH DUNN DIRECTOR	1 00	Х						0	0	0
(6) TOM FEILER DIRECTOR	1 00	Х						0	0	0
(7) RICHARD FREE DIRECTOR	1 00	х						0	0	0
(8) BOB GOUGH DIRECTOR	1 00	х						0	0	0
(9) KEVIN LYNCH DIRECTOR	1 00	Х						0	0	0
(10) IAN KRYGOWSKI DIRECTOR	1 00	х						0	0	0
(11) JOHN MOORE DIRECTOR	1 00	х						0	0	0
(12) MICHAEL NOBLE DIRECTOR	1 00	х						0	0	0
(13) ADAM SERCHUK DIRECTOR	1 00	х						0	0	0
(14) SUSAN WILLIAM SLOAN DIRECTOR	1 00	х						0	0	0
(15) MICHAEL VICKERMAN DIRECTOR	1 00	х						0	0	0
(16) ELIZABETH SOHOLT EXECUTIVE DIRECTOR	40 00			Х				145,000	0	16,636

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours		(tion that a			II		(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima amount o	ated fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		compens from t organizati relati organiza	the on and ed
	SEAN BRADY DNAL POLICY MGR - EAST	40 00					х		102,150		0		7,81
1b	Sub-Total							•			\dashv		
	Total from continuation sheets						-	 	247,150				24,450
d 	Total (add lines 1b and 1c). Total number of individuals (incl \$100,000 in reportable compen	-	nıted to	thos	e lis		• above		·		<u>' </u>		24,430
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sci						mploy •	ee, o	or highest compens	ated employee	3		No
4	For any individual listed on line organization and related organiz										4	Yes	
5	Did any person listed on line 1a services rendered to the organiz								-	r individual for •	5		Νο
Se	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from	highest compe		ndep	end	ento	ontra	ctors	that received more	than			

(A) Name and business address	(B) Description of services	(C) Compensation
ENERGY SYSTEMS CONSULTING SERVICES LLC PO BOX 16129 ST PAUL, MN 55116	TECHNICAL CONSULTING SERVICES	114,747
2. Total number of independent contractors (including but not limited to these listed above	\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►1

Part IX Statement of Functional Expenses

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

А	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).					
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors, trustees, and key employees	161,636	138,478	23,158		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$					
7	Other salaries and wages	279,008	238,066	40,942		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)					
9	Other employee benefits	22,843	20,261	2,582		
10	Payroll taxes	30,963	26,504	4,459		
а	Fees for services (non-employees) Management					
Ь	Legal	100,844	95,398	5,446		
С	Accounting	12,880		12,880		
d	Lobbying					
е	Professional fundraising services See Part IV, line 17					
f	Investment management fees					
g	Other	25,497	16,704	8,793		
12	Advertising and promotion	1,355		1,355		
13	Office expenses	28,663	20,165	8,498		
14	Information technology				_	
15	Royalties					
16	· ·	21,601	18,361	3,240		
17	Travel	44,291	44,291			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	5,896	4,717	1,179		
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	576		576		
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	3,690		3,690		
а	CONTRACT SERVICES	206,527	206,527			
b	MISCELLANEOUS	1,023		1,023		
c	DUES AND SUBSCRIPTIONS	606		606		
d	EDUCATION AND TRAINING	502	502			
e						
f	All other expenses					
25	Total functional expenses. Add lines 1 through 24f	948,401	829,974	118,427	0	
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) 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) (B) Beginning of year End of year 201.524 1,138,041 1 2 2 Savings and temporary cash investments 505,000 3 175,000 3 423,442 1,500 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 7 8 8 Prepaid expenses and deferred charges 118 9 9,270 10a Land, buildings, and equipment cost or other basis Complete Part 1.727 10a VI of Schedule D 576 ь Less accumulated depreciation 10b ol 10c 1,151 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 1,130,084 16 1,324,962 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 100 17 64.981 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 100 26 64.981 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 1,129,984 879,981 Unrestricted net assets Temporarily restricted net assets 380,000 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 1,129,984 33 1,259,981 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 1.130.084 1.324.962

Ра	Check if Schedule O contains a response to any question in this Part XI			.୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,0	78,39
2	Total expenses (must equal Part IX, column (A), line 25)	2			948,40
3	Revenue less expenses Subtract line 2 from line 1	3		1	129,99
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,1	129,98
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,2	259,98
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
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?		2a		No
Ь	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of to 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		2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	ssued			
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?	e	3a		Νο
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

WIND ON THE WIRES

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Employer identification number

06-1670689

Reason for Public Charity Status (All organizations must complete this part.) See instructions organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of

the box that describes the type of supporting organization and complete lines 11e through 11h Type I Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN		(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Part III. If th	<u>e organization</u>	rails to quality	under the tests	listed below, pie	ease complete i	² art III.)
	ection A. Public Support						
Cale	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	ın) ► Gıfts, grants, contributions, and						
1	membership fees received (Do not						
	include any "unusual				706,500	1,068,550	1,775,050
	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	0					
	the organization without charge						
4	Total. Add lines 1 through 3				706,500	1,068,550	1,775,050
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included o	n					555,806
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f)						
6	Public Support. Subtract line 5 from	ח					1,219,244
	line 4						
	ection B. Total Support				Г		
Сак	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4				706,500	1,068,550	1,775,050
					700,300	1,000,330	1,775,050
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties				45	2,348	2,393
	and income from similar				'3	2,310	2,000
	sources						
9	Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include						
	gain or loss from the sale of					7,500	7,500
	capital assets (Explain in Part					7,300	7,300
	IV)						
11	Total support (Add lines 7						1,784,943
	through 10)						
12	Gross receipts from related activit	ies, etc (See ins	tructions)			12	
13	First Five Years If the Form 990 is	for the organizat	ıon's fırst, secor	nd, third, fourth, or	fifth tax year as a	501(c)(3) organiz	ation,
	check this box and stop here	_	•		·		►✓
S	ection C. Computation of Pu	blic Support	Percentage				
14	Public Support Percentage for 201	0 (line 6 column	(f) divided by lin	e 11 column (f))		14	
15	Public Support Percentage for 200	19 Schadula Δ P:	art II line 14			15	
		•	•				
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check t	
	and stop here. The organization qu	·		-	6 l.m. 1 F '	2.2.1/20/	▶
D	33 1/3% support test—2009. If the box and stop here. The organization				oa, and line 15 is .	5 5 1/3% or more,	Eneck this
17-	10%-facts-and-circumstances test			_	ına 13 162 or 161	and line 14	F-1
1/a	is 10% or more, and if the organiza						
	in Part IV how the organization me						ed
	organization	ets the lacts all	a circumstances	test ine organi	Lation qualifies as	a publicly support	eu ▶□
h	10%-facts-and-circumstances test		ianization did no	t check a box on l	ine 13, 16a 16b d	or 17a and line	- 1
_	15 is 10% or more, and if the orga	-					
	Explain in Part IV how the organiza						
	supported organization					F ·- /	▶ □
18	Private Foundation If the organiza	tion did not chec	k a box on line 1	3, 16a, 16b, 17a	or 17b, check this	box and see	•
	instructions				,		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) 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 Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15							
16	Public support percentage from 2009 Schedule A, Part III, line 15	16							
S	Section D. Computation of Investment Income Percentage								
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17							
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18							

19a 33 1/3% support tests—2010. 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

33 1/3% support tests—2009. 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

chedule A	(Form	990	or 990	-EZ)2010
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Page **4**

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation
	required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any
	additional information. (See instructions).

Facts And	Circumstances	Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME SERVICE REVENUE

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493319007481

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Internal Rev	enue Service	, manual to remise a			Inspe	ction
	rganization ar	nswered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (F	Political Ca	m pa		
then	n 501/a\/2\ ara	anizations Complete Parts I-A and B Do not complete Part I-C				
	, , , , -	than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete	ata Part LR			
		tions Complete Part I-A only	cte rait FD			
	•	nswered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (I	Lobbvina	Activ	vities), the	n
	=	anizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A			•	
 Section 	on 501(c)(3) org	anizations that have NOT filed Form 5768 (election under section 501(h)) Complete Pa	art II-B Doi	not co	omplete Part	: II-A
If the o	rganization ar	nswered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part	V, line 35a	a (Pro	oxy Tax), th	ıen
Section	on 501(c)(4), (5)), or (6) organizations Complete Part III				
	of the organiza ON THE WIRES	tion	ıployer idei	ntifica	ation numbe	<u></u> r
WIND (DIN THE WIRES	06	-1670689			
Part I	-A Comple	te if the organization is exempt under section 501(c) or is a sec			anizatio	n.
	•	ption of the organization's direct and indirect political campaign activities in Part IV				
		•	v •-			
	olitical expendi	tures	-	\$ _		
3 ∨	olunteer hours			_		
Part I	-B Comple	te if the organization is exempt under section 501(c)(3).				
1 E	nter the amoun	t of any excise tax incurred by the organization under section 4955	F	\$ _		
2 E	nter the amoun	t of any excise tax incurred by organization managers under section 4955	>	\$ _		
3 If	the organization	on incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No
4a W	/as a correctior	ı made?			☐ Yes	┌ No
b If	f "Yes," describ	e ın Part IV				
Part I	-C Comple	te if the organization is exempt under section 501(c) except se	ction 50	1(c)	(3).	
1 E	nter the amoun	t directly expended by the filing organization for section 527 exempt function activ	ities 🕨	\$_		
	nter the amoun xempt funtion a	t of the filing organization's funds contributed to other organizations for section 527 ctivities	7 ►	\$_		
3 T	otal exempt fur	iction expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17t	b -	\$ _		

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Did the filing organization file Form 1120-POL for this year?

Sc	hedule C (Form 990 or 990-EZ) 2010						Page 2
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c)(3) and fi	led Form 5768	
A B	Check If the filing organization belongs to a Check If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)					(a) Filing Organization's Totals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	% of the amount on line 1e				
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	25,000 plus 5% of the excess over \$1,500,000				
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
С	Total lobbying expenditures								
d	Grassroots non-taxable amount								
e	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a	(a) (b)	
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
ь	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?	Yes		25,63
е	Publications, or published or broadcast statements?	Yes		2,33
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		4,66
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		9,32
i	Other activities? If "Yes," describe in Part IV	Yes		4,66
j	Total lines 1c through 1i			46,60
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
ь	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
Ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	The state of the s		

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
 Taxable amount of lobbying and political expenditures (see instructions)

5

1

Part IV Supplemental Information

Dues, assessments and similar amounts from members

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
EXPLANATION OF OTHER	PART II-B, LINE 1I	PLANNING LOBBYING ACTIVITIES
LOBBYING ACTIVITIES		

DLN: 93493319007481

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

WIND ON THE WIRES

Name of the organization

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

Supplemental Financial Statements

► Attach to Form 990. ► See separate instructions. **Employer identification number**

			06-16706	
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9		r Funds or Ac	counts. Complete if the
	organization answered les to form 9	(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
ŀ	Aggregate value at end of year			
5	Did the organization inform all donors and donor adv			┌ Yes ┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit	5 5	•	se Yes No
Pa	rt III Conservation Easements. Complete	e if the organization answered "Ye	s" to Form 990,	Part IV, line 7.
L <u>2</u>	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qua	tion or pleasure) Preservation o	of a certified histor	
•	easement on the last day of the tax year	inned conservation contribution in the		CIOII
			Hel	d at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easement		2b	
С	Number of conservation easements on a certified hi	• •	2c	
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d	
	Number of conservation easements modified, transf	ferred, released, extinguished, or termi	inated by the orga	nization during
ı	Number of states where property subject to conserv	vation easement is located ►		
;	Does the organization have a written policy regarding enforcement of the conservation easements it holds		handling of violati	ons, and Yes No
•	Staff and volunteer hours devoted to monitoring, ins	specting and enforcing conservation ea	sements during th	e year 🕨
,	A mount of expenses incurred in monitoring, inspect	ring, and enforcing conservation easem	nents during the ye	ear ► \$
3	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	2(d) above satisfy the requirements o	fsection	┌ Yes
•	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's final		
aı	t III Organizations Maintaining Collection Complete if the organization answered			milar Assets.
La	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets helprovide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or res	search in furtheran	
b	If the organization elected, as permitted under SFA: historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or resear		•
	(i) Revenues included in Form 990, Part VIII, line	1	▶	\$
	(ii) Assets included in Form 990, Part X			\$
	If the organization received or held works of art, his following amounts required to be reported under SFA			
а	Revenues included in Form 990, Part VIII, line 1		.	\$

Assets included in Form 990, Part X

ar	411 Organizations Maintaining Co	llections of Art	:, His	tori	<u>cal Tr</u>	easur	es, or O	the	r Similar A	sse	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing t	hat are	a sıgnıfıca	ant u	se of its colle	ction		
а	Public exhibition		d	Γ	Loan	orexcha	ınge progi	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
ŀ	Provide a description of the organization's co	ollections and expla	ın hov	v the	furthe	r the org	ganızatıon	ı's ex	empt purpose	e in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Γ,	Yes	┌ No
ar	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Form	990	,	
	Part IV, line 9, or reported an ar		•									
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					tions or	other ass	ets r	not	Γ,	Yes	Г No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	ble		г					
_							F	_		mou	nt	
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
е	Distributions during the year							1e				
f	Ending balance						L	1f				
а	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21?							Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\											
a	rt V Endowment Funds. Complete											
	Paginning of ware halance	(a)Current Year	(b)	Prior \	'ear	(c)Iwo	Years Back	(a)	Three Years Back	((e)	Four Ye	ears Back
	Beginning of year balance							+		+		
b -	Contributions							+		-		
C .	Investment earnings or losses							+		-		
d -	Grants or scholarships							+		-		
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
	Provide the estimated percentage of the yea	r end balance held a	as		'							
а	Board designated or quasi-endowment											
Ь	Permanent endowment											
c a	Term endowment ► Are there endowment funds not in the posse	ssion of the organiz	ation t	thata	re held	and adu	ministerei	d for	the			
_	organization by	ooton or the organiz								[Yes	No
	(i) unrelated organizations								3	a(i)		
	(ii) related organizations								3	a(ii)		
	If "Yes" to 3a(II), are the related organizatio							•		3Ь		
	Describe in Part XIV the intended uses of th					00 D-	4 V 1	1.0				
ĊΙ	t VI Investments—Land, Building	s, and Equipme	<u>nt. 5</u>								I	
	Description of investment				a) Cost o sıs (ınve		(b)Cost or basis (ot		(c) Accumula depreciatio		(d) B	ook value
а	Land											
b	Buildings											
С	Leasehold improvements		•									
d	Equipment							1,727		576		1,151
e	Other											

1,151

	Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	: Form 990, Part X, line T	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip		(b) Book value
		, ,
Total (Column (h) should equal Form 200, Part V and (D) line of	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		
Part X Other Liabilities. See Form 990, Part X	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
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Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	

	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,078,398
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	948,40
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	129,997
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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	129,997
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	 :urn
1	Total revenue, gains, and other support per audited financial statements	1	1,078,398
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	(
3	Subtract line 2e from line 1	3	1,078,398
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	(
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,078,398
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	
1	Total expenses and losses per audited financial statements	1	948,40
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	(
3	Subtract line 2e from line 1	3	948,40
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	948,40
Dai	t XIV Supplemental Information	-	

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

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

Ident if ier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FIN 48 DISCLOSURE FROM AUDITED FINANCIAL STATEMENTS THE ORGANIZATION IS EXEMPT FROM
TAX FOSITIONS UNDER TIN 40		INCOME TAXES UNDER SECTION 501(C)(3) OF THE
		INTERNAL REVENUE CODE, THEREFORE, THE STATEMENTS
		DO NOT INCLUDE A PROVISION FOR INCOME TAXES THE
		ORGANIZATION REVIEWS INCOME TAX POSITIONS TAKEN
		OR EXPECTED TO BE TAKEN IN INCOME TAX RETURNS TO
		DETERMINE IF THERE ARE ANY INCOME TAX
		UNCERTAINTIES THIS INCLUDES POSITIONS THAT THE
		ENTITY IS EXEMPT FROM INCOME TAXES OR NOT SUBJECT
		TO INCOME TAXES ON UNRELATED BUSINESS INCOME
		THE ORGANIZATION RECOGNIZES TAX BENEFITS FROM
		UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY
		THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED
		ON EXAMINATION BY TAXING AUTHORITIES, BASED ON
		THE TECHNICAL MERITS OF THE POSITIONS THE
		ORGANIZATION HAS IDENTIFIED NO INCOME TAX
		UNCERTAINTIES THE ORGANIZATION'S FEDERAL AND
		STATE TAX RETURNS ARE OPEN TO EXAMINATION FOR
		THE TAX YEAR 2009

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DLN: 93493319007481

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization WIND ON THE WIRES

Employer identification number

06-1670689

Pa	rt I Questions Regarding Compensatio	on			
				Yes	Νo
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the oreimbursement orprovision of all the expenses desc	organization follow a written policy regarding payment or cribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv		2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t				
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	l payment from the organization or a related organization?	4a		Νo
Ь	Participate in, or receive payment from, a suppleme	ental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	pased compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and \boldsymbol{p}	rovide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	, line 1a, did the organization provide any non-fixed describe in Part III	7		Νο
8	Were any amounts reported in Form 990, Part VII,				
		ın Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		Νο
9	If "Yes" to line 8, did the organization also follow th section 53 $4958-6(c)$?	ne rebuttable presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) ELIZABETH SOHOLT	(I) (II)	145,000	0	0	- /	-		0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
	•	·					•	

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

Ident if ier	Return Reference	Explanation

Schedule J (Form 990) 2010

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DLN: 93493319007481

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization WIND ON THE WIRES

Employer identification number

06-1670689

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		THE GOVERNING DOCUMENTS WERE AMENDED BY ADDING THE EXECUTIVE DIRECTOR AS A VOTING MEMBER OF THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		FORM 990 WILL BE SUBMITTED TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR APPROVAL BEFORE FILING

ldentifier	Return Reference	Explanation
	1	A WRITTEN CONFLICT OF INTEREST POLICY WAS ADOPTED BY THE ORGANIZATION ON 09/18/2008 THE POLICY IS FOR ALL DIRECTORS, OFFICERS AND EMPLOYEES OF THE ORGANIZATION IT OUTLINES AREAS IN WHICH A CONFLICT OF INTEREST MAY ARISE, THE NATURE OF POTENTIAL CONFLICTS, DISCLOSURE POLICIES AND PROCEDURES FOR MANAGING CONFLICTS ALL MATTERS RELATING TO A CONFLICT OF INTEREST MUST BE DOCUMENTED IN THE BOARD OF DIRECTORS' MINUTES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF THE CHIEF EXECUTIVE OFFICER IS DISCUSSED AND SET BY THE BOARD OF DIRECTORS ANNUALLY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST