PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 040619

Form **9990** (Rev. January 2020) Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

Α	For th	e 2019 calendar year, or tax year beginning an	d ending	_	
В	Check if applicat	e: C Name of organization		D Employer identifie	cation number
Г	Addr	LOW IMPACT HYDROPOWER INSTITUTE			
	Name	94-33566	89		
	Initial		Room/suite	E Telephone number	r
	Final returr	329 MASSACHUSETTS AVENUE	6	781-538-	4266
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	669,355.
	Amer	DEAINGION, MA 02420		H(a) Is this a group re	eturn
	Appli tion pend			for subordinates	? Yes X No
	·	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or 🛄 527	If "No," attach a	list. (see instructions)
		te: WWW.LOWIMPACTHYDRO.ORG		H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 2001	State of legal domicile: CA
Pa	art I				
e	1	Briefly describe the organization's mission or most significant activities: TO I	KEDUCE	ENVIRONMENT.	AL IMPACT
Governance		OF HYDROPOWER GENERATION THROUGH CERTIF			
/err	2	Check this box			ssets. 15
ğ	3	Number of voting members of the governing body (Part VI, line 1a)			15
8	4	Number of independent voting members of the governing body (Part VI, line 1b			3
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			30
ti	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	d d	Net unrelated business taxable income from Form 990-T, line 39	<u></u>		
		Contributions and grants (Dort)/III line 1b)	-	Prior Year 19,140.	Current Year 17,660 •
Revenue	8	Contributions and grants (Part VIII, line 1h)		556,869.	645,333.
ver	9	Program service revenue (Part VIII, line 2g)		<u> </u>	11.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,117.	6,351.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		578,132.	669,355.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (4), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		302,584.	318,093.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
bei		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŵ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		233,482.	287,653.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		536,066.	605,746.
	19	Revenue less expenses. Subtract line 18 from line 12		42,066.	63,609.
Net Assets or Fund Balances				eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		218,439.	266,757.
t As	21	Total liabilities (Part X, line 26)		65,001.	49,710.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		153,438.	217,047.
Pa	art II	Signature Block			
Unc	ler pen	alties of perjury, I declare that I have examined this return, including accompanying schedu	les and staten	nents, and to the best of my	y 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 JACK PALMER, TREASURER Type or print name and title	<u>.</u>	Date				
Paid	Print/Type preparer's name AMY CHAPMAN	Preparer's signature AMY CHAPMAN		PTIN 200843460			
Preparer	Firm's name 🕞 CLIFTONLARSONALL		Firm's EIN ▶ 41 -	0746749			
Use Only	Firm's address 300 CROWN COLONY	DRIVE, SUITE 310					
	QUINCY, MA 02169	1	Phone no. (617)	984-8100			
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)						
932001 01-2	20-20 LHA For Paperwork Reduction Act Notion	ce, see the separate instructions.		Form 990 (2019)			

Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III effy describe the organization's mission: D REDUCE THE ENVIRONMENTAL IMPACTS OF HYDROPOWER GENERAL IE CERTIFICATION OF HYDROPOWER PROJECTS THAT HAVE AVOID IEIR ENVIRONMENTAL IMPACTS PURSUANT TO THE LOW IMPACT INSTITUTE'S CRITERIA. It the organization undertake any significant program services during the year which were not listed on the for Form 990 or 990-EZ? Yes," describe these new services on Schedule O. It the organization cease conducting, or make significant changes in how it conducts, any program services? Yes," describe these changes on Schedule O. Scribe the organization's program service accomplishments for each of its three largest program services, as citon 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other enue, if any, for each program service reported. de:) (Expenses \$ 499, 124. including grants of \$) (Revenue if AND OPEN PROCESS, LIHI HAS DEFINED "LOW IMPACT" IN CODOWER GENERATION. GENERATORS ELECT TO APPLY FOR CEI INCOMER AND OPEN PROCESS, LIHI HAS DEFINED "LOW IMPACT" IN CODOWER GENERATION. GENERATORS ELECT TO APPLY FOR CEI INCOMER AND OPEN PROCESS, LIHI HAS DEFINED "LOW IMPACT" IN CODOWER GENERATION. GENERATORS ELECT TO APPLY FOR CEI INCOMER AND OPEN PROCESS ACTIVE CERTIFICATIONAL BENEFITS OR ARKETS. THERE ARE 155 ACTIVE CERTIFICATIONS IN 23 STATING AND	ATION THROUGH DED OR REDUCED HYDROPOWER Yes X Yes X semeasured by expenses. ers, the total expenses, and ue \$ 645,333 WITH REGARD TO RTIFICATION
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Part IV Checklist of Required Schedules

LOW IMPACT HYDROPOWER INSTITUTE

Schedule D, Parts XI and XII 12a X 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 and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization nawe aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I 17 16 X 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 1				Yes	No
2 Is the organization required to complete Schedule <i>B</i> . Schedule of Contributord 2 X 3 Did the organization agage in direct of influct political campaign activities on behalf of or in opposition to candidates for public of the organization and schedule <i>C</i> , Part <i>II</i> . 3 X 4 Section 501(b)(k) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the taxy eng/f V 'ssc, 'complete Schedule <i>C</i> , Part <i>II</i> . 4 X 5 Is the organization asochino 501(b)(k) of 501(c)(6) or c501(c)(6) organization that receives membership dues, assessment, or similar anounts as definition for anounts in such funds or accounts? If 'Vsc, 'complete Schedule <i>D</i> , Part <i>II</i> . 6 X 6 Did the organization resolve or hold a comparevation easement, including assements to preserve open space, the evolution anause, in black anause, nethods caturation <i>P</i> . (Schedule <i>D</i> , Part <i>II</i> . 7 X 7 Did the organization report an amount in Part X, line 21, for secret or custodial account liability, serve as a custodian for amounts not filed in Part X, or provide carell counseling, delat management, readit regat, or delt negatives. 9 X 7 Did the organization report an amount for land, buildings, and equipment in Part X, line 100 management, readit regat, or delt negatives. 9 X 10 Did the organization report an amount for investmeneta: other secutities. In Part X, lin	1	o		37	
3 Dd the organization regops in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(b) organizations. Dd the organization regage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X 5 Is the organization asterina and organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 94-197 If "Yes," complete Schedule D, Part II 6 X 7 Did the organization review or hold a conservation assement, including assements to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 8 Did the organization maintain cellections of works of art, historical treasure, or other similar asset? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization directly or through a related organization. In Bart X, Dire 21, for scrow or custodial account lability, serve as a custodian for an ounds to first organization directly or through a related organization. Not assets in domorealized endowments or in quasar andownnext If "Yes," complete Schedule D, Part V 10 X 10 Did the organization directly or through arealized schedule D, Part V 10 X 10 Did the organization report an amount for intere	_				
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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 // 1 ⁻¹ /es, ⁻ complete Schedule <i>C</i> , <i>Part II</i> 4 X 5 Is the organization a section 501(h) 501(c)(a) 501(c)(a) organization traviants and efficient in Revenue Procedure Bi-197 II ⁻¹ /es, ⁻ complete Schedule <i>C</i> , Part II 5 X 6 Did the organization maintain any doorn adviced funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If ¹ /es, ⁻ complete Schedule <i>D</i> , Part II 6 X 7 Did the organization report an amount in Part X, line 21, for secrow or custodial account flability, serve as a custodian for amounts not fised in Part X, or provide credit conselling, delt management, credit engol, report an accustors? If ¹ /es, ⁻ complete Schedule <i>D</i> , Part IV 7 X 9 Did the organization report an amount in Part X, line 21, for secrow or custodial account flability, serve as a custodian for amounts not fised in Part X, or provide credit conselling, delt management, credit engol, returns and conserver. 9 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 H ⁻¹ /es, ⁻ complete Schedule D, Part W 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total asestereported in Part X, line 167 H ⁻¹	3				v
during the tax yea? If "Yes," complete Schedule Q, Part II 4 X 5 is the organization a section 501(c)(4), 501(c)(6), 501(c)(6			3		
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 80-1971 // Yes," complete Schedule Q, Part II 5 X 6 Did the organization markina may doore advices funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Wick, "complete Schedule D, Part II 6 X 7 X 8 Did the organization markins on block of structures? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization markins on clicitons of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization, encore or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 10 Did the organization export an amount for investments - other sexuellies 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 11 X 11 Did the organization report an amount for threestments - other sexuellies 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 VII 11 X 11 Did the organization report an amoun	4		4	x	
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12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? 12a X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 14a Did the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization naintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 18 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report nore than \$15,000 of expenses for p	f			37	
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 0	20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H			
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			21		x

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Form **990** (2019)

Form 990 (2019)	Form	990	(2019)
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Part IV Checklist of Required Schedules (continued)

LOW IMPACT HYDROPOWER INSTITUTE

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
D	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		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	
34		34		x
35 a		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1-		
02000	(gambling) winnings to prize winners?	Eorm	990	(2019)
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Part V	State	ements Regard	ing Other I	RS Filings and Ta	ax Compliance (continued)
Form 990	(2019)	LOW	IMPACT	HYDROPOWER	INSTITUTE

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	4 -		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X
t				
y h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/		
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	Iza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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Form	990	(2019))
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LOW IMPACT HYDROPOWER INSTITUTE

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

	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		
ect	tion A. Governing Body and Management			;
4	Enter the number of until n means being of the construction best in the and of the territory $ \mathbf{d}_{n} = 1$.5	Yes	\$
Ia				
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	.5		
		<u> </u>		
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		-
	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			_
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			-
	Did the organization become aware during the year of a significant diversion of the organization's assets?			-
	Did the organization have members or stockholders?	. 6		_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	. 7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	. 7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	. 8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		_	
			Yes	;
0a	Did the organization have local chapters, branches, or affiliates?	. 10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		1	
	in Schedule O how this was done	12c	x	
	Did the organization have a written whistleblower policy?		+	_
	Did the organization have a written document retention and destruction policy?	··	+	_
		. 14		-
5	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?	45		
	The organization's CEO, Executive Director, or top management official			_
b	Other officers or key employees of the organization	. 15 b		
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
	taxable entity during the year?	. 16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	. 16b		
	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA , MA			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s on	y) ava	ail
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and fina	ancial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
0				
0	SHANNON AMES - 781-538-4266			
0	SHANNON AMES - 781-538-4266 329 MASSACHUSETTS AVENUE, NO. 6, LEXINGTON, MA 02420			

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

Check if Schedule O contains a response or note to any line 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.

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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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Par	t VII	Section A. Office	ers, Direct	tors, Trus	tees, Key Em	ploy	vees,	anc	iH t	ghe	st C	Compensated Employe	es (continued)				
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4	For a	any individual listed	d on line 1a	a, is the su	m of reportab	le co	ompe	ensa	itior	n and	d ot	her compensation from	the organization				
	and	related organizatio	ons greater	than \$150),000? If "Yes,	" со	mple	te S	Sche	edule	e J i	for such individual			4		Х
5	Did a	any person listed o	on line 1a re	eceive or a	Iccrue compei	nsat	ion fr	om	any	unr	elat	ted organization or indiv	idual for services				
		• •			=				-			~			5		Х
Sec		B. Independent Co						- 1							-		
1		· ·			mnensated in	dene	nder	nt c	ontr	ranto	nre t	that received more than	\$100.000 of com	nens	ation	from	
•		-	-	-	-	-						n the organization's tax		pense		10111	
	uie (organization. hepoi	n compen.		ine calendar y	car	enuii	ig w	/101			Ŭ	year.			C)	
			Name and	(A)	address	M	ONE					(B) Description of s	ervices	C	۷) omne	ר. nsatio	n
						11(_				ompo		
											_						
2	Toto	l number of indone	andent con	tractore /in			mitor	1 to	the	ہم ان	ster	d above) who received n	ore than				
2		0,000 of compensa					i iii.eC	0))							
	φτυί	o,ooo or compensa		ne organiz						-					Form	990 (2010
																	211191

932008 01-20-20

Form **990** (2019)

Form 990 (20				IMP.
Part VIII	Statemen	nt of	Rev	enue

LOW IMPACT HYDROPOWER INSTITUTE

		Check if Schedule O contains a response of	or note to any lin	ne in this Part VIII			
		· · · · ·	2	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					IUNCIONTEVENUE	business revenue	sections 512 - 514
ts t	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b						
Ű,G		Fundraising events 1c					
ifts ar A		Related organizations					
s, G	-	Government grants (contributions) 1e					
Sir		All other contributions, gifts, grants, and					
her		similar amounts not included above 1f	17,660.				
Qti			1770000				
2on	9 b	· · · · · · · · · · · · · · · · · · ·		17,660.			
0.0		Total. Add lines 1a-1f	Business Code	17,0000			
6	2 a	ANNUAL FEES	561000	416,837.	416,837.		
vice	2 4	APPLICATION FEES	561000	228,496.	228,496.		
Program Service Revenue	L L		501000	220,490.	220,490.		
ře ver	C						
gra Re	C						
Pro	e						
-		All other program service revenue		645,333.			
	<u> </u>			045,555.			
	3	Investment income (including dividends, interes		11.			11.
		other similar amounts)		11.	~		• ± ±
	4	Income from investment of tax-exempt bond pr					
	5	Royalties	(ii) Personal				
	•		(II) Personal				
	6 a						
	b						
	C						
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
a	b	Less: cost or other basis					
'nu		and sales expenses 7b					
eve		Gain or (loss) 7c					
ther Revenue		Net gain or (loss)	🕨				
the	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events	►				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses9b					
		Net income or (loss) from gaming activities	►				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
	c	Net income or (loss) from sales of inventory					
sn		ļ	Business Code				
ieol	11 a						
llan 'ent	b						
Miscellaneous Revenue	c		000000				C 2F1
Mis		All other revenue	900099	6,351.			6,351.
		Total. Add lines 11a-11d		6,351.	645 222	0	6 2 6 2
	12	Total revenue. See instructions	►	669,355.	645,333.	0.	6,362.

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Form **990** (2019)

Part IX Statement of Functional Expenses

LOW IMPACT HYDROPOWER INSTITUTE

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon clude amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8b, 9b	, and 10b of Part VIII.	l otal expenses	expenses	general expenses	expenses
	s and other assistance to domestic organizations				
and d	omestic governments. See Part IV, line 21				
2 Gran	ts and other assistance to domestic				
indivi	duals. See Part IV, line 22				
3 Gran	ts and other assistance to foreign				
•	nizations, foreign governments, and foreign				
	iduals. See Part IV, lines 15 and 16				
	fits paid to or for members				
	pensation of current officers, directors,	125 250	100 000		
	ees, and key employees	135,250.	108,200.	27,050.	
-	ensation not included above to disqualified				
-	ns (as defined under section 4958(f)(1)) and				
-	ns described in section 4958(c)(3)(B)	150 546	150 242	0 204	
	r salaries and wages	159,546.	150,242.	9,304.	
	on plan accruals and contributions (include				
	n 401(k) and 403(b) employer contributions)				
	r employee benefits	23,297.	19,802.	2 105	
	oll taxes	43,497.	19,002.	3,495.	
	for services (nonemployees):				
	agement	1,538.		1,538.	
	·	36,185.		36,185.	
	unting	50,105.		50,105.	
	ying				
	ssional fundraising services. See Part IV, line 17				
	stment management fees r. (If line 11g amount exceeds 10% of line 25,				
-	nn (A) amount, list line 11g expenses on Sch O.)	25,663.	20,293.	5,370.	
	rtising and promotion	7,752.	20,295.	7,752.	
	e expenses	4,139.	3,740.	399.	
	mation technology	1/1001	577100		
	Ities				
	ipancy	27,552.	23,792.	3,760.	
		39,491.	39,491.		
	nents of travel or entertainment expenses				
	hy federal, state, or local public officials				
	erences, conventions, and meetings	20,826.	10,415.	10,411.	
20 Intere		.,	.,	.,	
	nents to affiliates				
	eciation, depletion, and amortization	3,352.	3,352.		
	ance	3,559.	3,025.	534.	
24 Other	expenses. Itemize expenses not covered	-	-		
above	e (List miscellaneous expenses on line 24e. If				
amou	4e amount exceeds 10% of line 25, column (A) nt, list line 24e expenses on Schedule 0.)				
	VTRACT REVIEWER SVC	108,594.	108,594.		
b MIS	SCELLANEOUS	9,002.	8,178.	824.	
c					
d					
e All ot	her expenses				
	functional expenses. Add lines 1 through 24e	605,746.	499,124.	106,622.	(
	costs. Complete this line only if the organization				
report	ted in column (B) joint costs from a combined				
educa	tional campaign and fundraising solicitation.				
Check	here I if following SOP 98-2 (ASC 958-720)				

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Form **990** (2019)

29	Capital stock or trust principal, or current funds
30	Paid-in or capital surplus, or land, building, or equipment fund

Form 990 (2019)

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Liabilities

Net Assets or Fund Balances

Assets

Part X Balance Sheet

4 Accounts re

5 Loans and o trustee, key

10a Land, buildings, and equipment: cost or other

basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b

Investments - publicly traded securities

Investments - other securities. See Part IV, line 11

Investments - program-related. See Part IV, line 11

Intangible assets

Accounts payable and accrued expenses

Grants payable

Net assets without donor restrictions

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Net assets with donor restrictions

and complete lines 29 through 33.

Total liabilities and net assets/fund balances ...

Organizations that do not follow FASB ASC 958, check here 🕨 🗌

Deferred revenue Tax-exempt bond liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D

Other assets. See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 33)

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 65,001. Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 and complete lines 27, 28, 32, and 33.

	Beginning of year
Cash - non-interest-bearing	176,901.
Savings and temporary cash investments	
Pledges and grants receivable, net	
Accounts receivable, net	34,624.
Loans and other receivables from any current or former officer, director,	
trustee, key employee, creator or founder, substantial contributor, or 35%	
controlled entity or family member of any of these persons	
Loans and other receivables from other disqualified persons (as defined	
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	
Notes and loans receivable, net	
Inventories for sale or use	
Prepaid expenses and deferred charges	972.

LOW IMPACT HYDROPOWER INSTITUTE

Check if Schedule O contains a response or note to any line in this Part X

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5,942.

218,439.

33,491.

31,510.

153,438.

153,438.

218,439.

(B)

End of year

209,572.

53,221.

1,374.

2,590.

266,757.

22,926.

26,784.

49,710.

217,047.

(A)

266,757. Form 990 (2019)

217,047.

Form	1990 (2019) LOW IMPACT HYDROPOWER INSTITUTE	94-335	6689	Pag	ge 12		
Ра	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			55.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			46.		
3	Revenue less expenses. Subtract line 2 from line 1	3			09.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	153	3,4	38.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	215	7,0	47.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	5 7 1 		2 b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			37		
	Act and OMB Circular A-133?		. 3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990 (2019)		

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2019
Open to Public

	partment of the Treasury ernal Revenue Service			► Co to wanter inc go	Open to Public Inspection					
		the organizati		Go to www.irs.gov	v/Form990 for instruction	ons and t	ne latest i	mormation.	Employer	r identification number
Ivan		ine organizati		тмраст нур	ROPOWER INST	דיידידי				4-3356689
Pa	rt I	Reason			All organizations must co			ee instruction		4 3330003
					(For lines 1 through 12, c					
1	Jigan				on of churches described					
2	\square				Attach Schedule E (Forn			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3	\square				anization described in se			::)		
4	\square	•	•		njunction with a hospital				Viiii) Enter	the hospital's name
-		city, and stat			injunction with a noopital					the hoopital o hame,
5		-		or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit descrit	oed in
Ū				Complete Part II.)						
6					mental unit described in	section 17	70(b)(1)(A)	(v).		
7			-	-	antial part of its support f				he general	public described in
				omplete Part II.)	······ [- ··· - · ·· · [- [- · · · ·				3	
8					(1)(A)(vi). (Complete Par	t II.)				
9					in section 170(b)(1)(A)(ed in conju	unction with a	land-grant	college
		-	-	•	culture (see instructions).		-		-	-
		university:			· · · ·					
10	X	An organizati	on that norma	lly receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	and gross receipts from
					ct to certain exceptions,					
		income and ι	unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	uired by the o	ganization	after June 30, 1975.
		See section	509(a)(2). (Cor	mplete Part III.)						
11		An organizati	on organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly	v supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	5 09(a)(3). (Check the box in
		_lines 12a thro	bugh 12d that	describes the type o	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting
	_	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organizatio	on(s), by ha	aving
			-		anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	oported
				t complete Part IV,						
с			-		g organization operated				lly integrat	ed with,
			•		s). You must complete I			-		
d					porting organization oper					
			,	0 0	zation generally must sat	,		•	d an attent	liveness
	_	- ·	i.	,	nplete Part IV, Sections					
е			•		written determination fro			а Туре I, Туре	II, Type III	
	F int a	,	U <i>i</i>		onally integrated support	0 0				
<u> </u>		i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	``	organization		(,	(described on lines 1-10	in your governi Yes	ing document? No	support (see ir	-	support (see instructions)
					above (see instructions))					
Tota										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 LOW IMPACT HYDROPOWER INSTITUTE Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)		-	12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (I	ine 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the c	organization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or i	more, check this b	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c	organization did no	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/3%	% or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶∟
17a	10% -facts-and-circumstances tes	t - 2019. If the orc	anization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	o or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		
b	10% -facts-and-circumstances tes	t - 2018. If the orc	anization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	umstances" test, c	heck this box and	d stop here. Explai	n in Part VI how th	e
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	7b, check this box	and see instructior	ns 🕨 🗌
					Sch	edule A (Form 990	or 990-EZ) 2019

932022 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 LOW IMPACT HYDROPOWER INSTITUTE Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14,010.	26,191.	17,250.	19,140.	17,660.	94,251.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513	440,468.	499,825.	547,790.	556,869.	651,684.	2,696,636.
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
6	Total. Add lines 1 through 5	454,478.	526,016.	565,040.	576,009.	669,344.	2,790,887.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			100.	1,185.	1,140.	2,425.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		172,345.		166,370.	174,990.	701,744.
c	Add lines 7a and 7b		172,345.	188,139.	167,555.	176,130.	704,169.
	Public support. (Subtract line 7c from line 6.)						2,086,718.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	454,478.	526,016.	565,040.	576,009.	669,344.	2,790,887.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3.	11.	13.	6.	11.	44.
h	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	Add lines 10a and 10b	3.	11.	13.	6.	11.	44.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital				2,117.		2,117.
13	assets (Explain in Part VI.)	454,481.	526,027.	565,053.	578,132.	669,355.	2,793,048.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here	~			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	74.71 %
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	78.13 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.00 %
	Investment income percentage from					18	%
1 9a	33 1/3% support tests - 2019. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	3 1/3% , and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	► X
b	33 1/3% support tests - 2018. If the	organization did n	not check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th			
93202	23 09-25-19			15	Sche	edule A (Form 990	or 990-EZ) 2019

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 LOW IMPACT HYDROPOWER INSTITUTE Part IV Supporting Organizations (continued)

	Continued)		Vee	Na
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
		l1b		<u> </u>
	j	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		-	
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
~		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
<u> </u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	- 1 :		
c	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct Arbitrities Test. Argument (c) and (b) below.	ctions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		3b		
932025	5 09-25-19 Schedule A (Form 990 1 7	or 99	Ю-EZ)	2019

Schedule A (Form 990 or 990-EZ) 2019 LOW IMPACT HYDROPOWER INSTITUTE

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Net short-term capital gain			
	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) on C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 bn B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities 1a Average monthly value of securities 1a Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 11d Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 on C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year (from Section B, line 8, Column A) 5 Distributable Amount . Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) on B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part V): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Multiply line 5 by .035. Recoveries of prior-year distributions Multiply line 5 by .035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 on C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Cash demond for prior year (from Section B, line 8, Column A) Enter s6% of line 1. Cash demond for prior year (from Section B, line 8, Column A) Enter s6% of line 1. Cash demond for prior year (from Section B, line 8, Column A) Enter s7% of line 1. Cash demont for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to

instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 LOW IMPACT HYDROPOWER INSTITUTE

Fai	V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 2019 $ { m LOW} $.	IMPACT HYDRO	OPOWER	INSTITUTI	<u> </u>	3356689 _{Рас}
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Par	Provide the explanation 4b, 4c, 5a, 6, 9a, 9b, 9 d 3; Part IV, Section E,	ons required l 9c, 11a, 11b, lines 1c, 2a, :	by Part II, line 10; , and 11c; Part IV, 2b, 3a, and 3b; Pa	Part II, line 17a or 17b; Pa Section B, lines 1 and 2; F art V, line 1; Part V, Sectior	t III, line 12; Part IV, Section C, B, line 1e; Part V,
	(See instructions.)					
032028 09-25-1	9				Schedule A (Forr	n 990 or 990-EZ)
	758159 093-1063860	0 2010 030	20	TMDACT U	YDROPOWER INS	m T 002 16

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

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

LOW IMPACT HYDROPOWER INSTITUTE

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

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

(d)

X

94-3356689

LOW IMPACT HYDROPOWER INSTITUTE

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 5,000. Noncash \$ (Complete Part II for

			noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-0	0-19	Scheanie R (Form	990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

94-3356689

LOW IMPACT HYDROPOWER INSTITUTE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

		1	i
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Page 3

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)		Page					
Name of o	organization		Employer identification number					
LOW I	MPACT HYDROPOWER INST	ITUTE	94-3356689					
Part III	Exclusively religious, charitable, etc., contr from any one contributor. Complete column completing Part III, enter the total of exclusively religi Use duplicate copies of Part III if addition	is (a) through (e) and the following line ent ous, charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations ess for the year. (Enter this info. once.) \$					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
		(e) Transfer of gift						
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, addres	s, and ZIP + 4	Relationship of transferor to transferee					
(c) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	Transferee's name, addres		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee					
923454 11-0	6-19	24	Schedule B (Form 990, 990-EZ, or 990-PF) (2019					

		olitical Campaign a	and Lobbyir	ng Activities	;	ОМВ	No. 154	45-0047	
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete	if the organization is described	zations Exempt From Income Tax Under section 501(c) and section 527 the organization is described below. ► Attach to Form 990 or Form 990-EZ. to www.irs.gov/Form990 for instructions and the latest information.				ZUI9 Open to Public Inspection		
 Section 501(c)(3) org Section 501(c) (other Section 527 organiz If the organization answ Section 501(c)(3) org 	ganizations: Con r than section 5 ations: Complet wered "Yes," or ganizations that	n Form 990, Part IV, line 3, or For nplete Parts I-A and B. Do not cor D1(c)(3)) organizations: Complete e Part I-A only. n Form 990, Part IV, line 4, or For have filed Form 5768 (election un have NOT filed Form 5768 (election	nplete Part I-C. Parts I-A and C belov rm 990-EZ, Part VI, der section 501(h)): (w. Do not complete Pa line 47 (Lobbying Ac Complete Part II-A. Do	art I-B. tivities) not co), then mplete Part	II-B.	11-A	
If the organization ans Tax) (see separate inst	wered "Yes," or ructions), then	tions: Complete Part III.							
Name of organization	LOW IMP	ACT HYDROPOWER II janization is exempt und			-	oyer identifi 94-33	566		
 Political campaign a Volunteer hours for Part I-B Complete Enter the amount of Enter the amount of If the organization if 	activity expendit political campa ete if the org f any excise tax f any excise tax ncurred a sectio	gn activities ganization is exempt und incurred by the organization und incurred by organization manage n 4955 tax, did it file Form 4720 f	er section 501(c) er section 4955 rs under section 495 for this year?) (3). 5	►\$ ►\$			No	
b If "Yes," describe in Part I-C Comple	ete if the org	ganization is exempt und	er section 501(c)), except section	501(c	L Ye	!S	└── No	
 Enter the amount of exempt function ac Total exempt function function into the intervent of the int	f the filing organ tivities on expenditures	d by the filing organization for sec ization's funds contributed to oth s. Add lines 1 and 2. Enter here an	ner organizations for s and on Form 1120-POI	section 527 _,	-	Ye		No	
5 Enter the names, a made payments. For contributions received	ddresses and er or each organiza /ed that were pr	1120-POL for this year?nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provi	 I) of all section 527 p from the filing organ separate political organ 	ization's funds. Also e ganization, such as a	o which enter the	n the filing of e amount of	rganiz politic	ation	
(a) Name	3	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, en	on's	(e) Amou contributior promptly delivered political If none	ns rec and o to a s organ	eived and directly separate ization.	

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

932041 11-26-19

12210528 758159 093-10638600 2019.03050 LOW IMPACT HYDROPOWER INSTI 093-1ZC1

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 LOW I	MPACT HYDROPOWER INSTITUTE	94-3	3356689 Page 2
	on is exempt under section 501(c)(3) and fi	led Form 5768 (e	lection under
section 501(h)).			
A Check 🕨 🛄 if the filing organization belor	ngs to an affiliated group (and list in Part IV each affiliated	l group member's nar	ne, address, EIN,
expenses, and share of exce	ss lobbying expenditures).		
B Check 🕨 🛄 if the filing organization chec	ked box A and "limited control" provisions apply.		
	bying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence put	plic opinion (grassroots lobbying)		
, , , , , , , , , , , , , , , , , , , ,	gislative body (direct lobbying)		
	id 1b)		
	es 1c and 1d)		
f_Lobbying nontaxable amount. Enter the amo			
If the amount on line 1e, column (a) or (b) is:			
	The lobbying nontaxable amount is: 20% of the amount on line 1e.		
Not over \$500,000			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% o			
h Subtract line 1g from line 1a. If zero or less,			
i Subtract line 1f from line 1c. If zero or less, e			
	er line 1h or line 1i, did the organization file Form 4720		
reporting section 4911 tax for this year?			Yes No
	4-Year Averaging Period Under Section 501(h) a section 501(h) election do not have to complete all e the separate instructions for lines 2a through 2f.)	of the five columns I	pelow.
Lob	bying Expenditures During 4-Year Averaging Period		
Calendar year (a) (or fiscal year beginning in)	2016 (b) 2017 (c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount			
b Lobbying ceiling amount (150% of line 2a, column(e))			
c Total lobbying expenditures			
d Grassroots nontaxable amount			
e Grassroots ceiling amount (150% of line 2d, column (e))			
f Grassroots lobbying expenditures			

Schedule C (Form 990 or 990-EZ) 2019

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Schedule C (Form 990 or 990-EZ) 2019 LOW IMPACT HYDROPOWER INSTITUTE

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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)).

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(b)	
of the	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		Х		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
с	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			5,115.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?		X		
	Total. Add lines 1c through 1i		37		5,115.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(F)	-	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	50 50 T(C)	(5), or se	ction	
				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 carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OF	R (b) Part	III-A, lin	e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2 a		
b	Carryover from last year		2 b		
с	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part I	I-A, lines 1 a	and 2 (see	
instru	ictions): and Part II-B. line 1. Also, complete this part for any additional information.				

Schedule C (Form 990 or 990-EZ) 2019

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SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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



Name of the organization	Name	of the	organization
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12210528 758159 093-10638600

LOW IMPACT HYDROPOWER INSTITUTE

Employer identification number
94-3356689

Par			s or Accou	Ints.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(b) Euro	de and other appounts
		(a) Donor advised funds	(b) Fun	ids and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year		ad funda	
5	Did the organization inform all donors and donor advisors in w	-		
6	are the organization's property, subject to the organization's			Ves No
6	Did the organization inform all grantees, donors, and donor a for charitable purposes and not for the benefit of the donor o			
			0	
Par		anization answered "Yes" on Form 990 F		
1	Purpose(s) of conservation easements held by the organization		urerv, mor	
•	Preservation of land for public use (for example, recrea		a historically	important land area
	Protection of natural habitat	Preservation of	-	•
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conserv	ation easement on the last
_	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired a			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rel			n during the tax
	year ►			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation eas	ements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easemei	nts during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	• •		
	and section 170(h)(4)(B)(ii)?			Yes II No
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial stateme	ents that des	scribes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of		ther Simil	ar Assets.
	Complete if the organization answered "Yes" on Form			<u> </u>
1a	If the organization elected, as permitted under FASB ASC 95			
	of art, historical treasures, or other similar assets held for pub			public
	service, provide in Part XIII the text of the footnote to its finar			
D	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance of pl	JDIIC Service,
	provide the following amounts relating to these items:		•	ሱ
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
•				
2	If the organization received or held works of art, historical treater following any state to be repeated under 54000 A		i gain, provio	le
-	the following amounts required to be reported under FASB A	-	•	¢
	Revenue included on Form 990, Part VIII, line 1			\$ ¢
	For Paperwork Reduction Act Notice, see the Instructions		····· 🚩	$\frac{\Psi}{\Psi}$ Schedule D (Form 990) 2019
				2010 2013
,		28		

2019.03050 LOW IMPACT HYDROPOWER INSTI 093-1ZC1

		ACT HYDROP					94-33			age 2
Par	rt III Organizations Maintaining C							ts (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check any	of the	following that make	e significar	nt use of its			
	collection items (check all that apply):									
а	Public exhibition	c			hange program					
b	Scholarly research	e	e 🛄 Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						oose in Par	t XIII.		
5	During the year, did the organization solicit o							٦		٦
De	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the orgai	nizatio	n answered "Yes"	on Form 99	90, Part IV,	line 9, o	r	
4-	reported an amount on Form 990, Pa			t !			-1			
та	Is the organization an agent, trustee, custod		-					7		1
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						L	Yes		No
D		and complete the ic	nowing table.					Amoun	+	
~	Beginning balance					1c		Anoun		
	Additions during the year									
	Distributions during the year									
	Ending balance									
	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.					• • • • • •]
Par										
		(a) Current year	(b) Prior ye	ear	(c) Two years back	(d) Three	years back	(e) Fou	r years	back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, col	umn (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
с		%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are	held a	nd administered fo	r the orgar	nization	1		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
b	(ii) Related organizations									
	If "Yes" on line 3a(ii), are the related organiza							3b		
4 Par	t VI Land, Buildings, and Equipm		owment tunas							
1 41	Complete if the organization answere		0 Part IV line	112 5	ee Form 990 Part	X line 10				
	Description of property	(a) Cost or c				Accumula	ted	(d) Boo	k valu	
	Description of property	basis (investr				lepreciatio		(d) Boo	n value	5
19	Land		,		(==					
	LandBuildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X. column (R)	line 1	0c.)					0.
		,	, (D)		/			D (5	000	0040

Schedule D (Form 990) 2019

932052 10-02-19

Part VII Investments - Other Securities.	an Faura 000 Dart IV/ line		
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or en	id-of-vear market value
(1) Financial derivatives			
(2) Closely held equity interests			
3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G) (1)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
		11 - 0 - France 000, Deat V, Kara 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
		(c) Method of Valdation. Cost of en	iu-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Deels velve
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	>	
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote t	o the organization's financial statements	that reports the
organization's liability for uncertain tax positions under			

LOW IMPACT HYDROPOWER INSTITUTE

94-3356689 Page 3

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 LOW IMPACT HYDROPOWER	INSTITUTE	94-33	56689 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial St	atements With Reven		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements			669,355.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			669,355.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
с	Add lines 4a and 4b		4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			669,355.
Pa	t XII Reconciliation of Expenses per Audited Financial S	=	ises per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
1	Total expenses and losses per audited financial statements			605,746.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2 b		
С	Other losses			
d	Other (Describe in Part XIII.)			•
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			605,746.
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 XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line i	8.)		605,746.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

THE COMPANY IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE
INTERNAL REVENUE CODE (IRC). THE ORGANIZATION IS CLASSIFIED AS AN
ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AS DEFINED IN SECTION 509(A)
OF THE IRC. AS OF DECEMBER 31, 2019, THE ORGANIZATION HAD NO UNCERTAIN TAX
POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE
FINANCIAL STATEMENTS. THE ORGANIZATION'S TAX YEARS ARE GENERALLY OPEN FOR
EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES FOR THREE YEARS
FOLLOWING THE DATE FILED.

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Schedule D (Form 990) 2019

Schedule D	(Form 990)) 2019

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10528	758159	093-10638600	2019.03050	LOW	IMPACT	HYDROPOWER	INSTI	093-1ZC1

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

LOW IMPACT HYDROPOWER INSTITUTE

Inspection Employer identification number 94-3356689

OMB No 1545-0047

Open to Public

9

FORM 990, PART VI, SECTION B, LINE 11B:

REVIEW IS DONE BY THE BOARD AND WILL OCCUR BEFORE THE 990 IS FILED. AFTER

REVIEWING THE INFORMATION CONTAINED IN THE FORMS, THE COMMITTEES WILL

COMMUNICATE THAT THE FORM IS ACCEPTED AND READY TO BE FILED TO THE

EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL GOVERNING BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY AND MAKE DISCLOSURES. THIS IS DONE IN OCTOBER AT THE

ANNUAL MEETING AND AT EACH COMMITTEE MEETING OR BOARD MEETING IF THERE IS A POTENTIAL CONFLICT ON THE AGENDA. IF A MEMBER ABSTAINS FROM DISCUSSION DUE

TO A CONFLICT, IT WOULD BE ACKNOWLEDGED IN THE MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 992211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)