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

Open to Public Inspection

A	For th	ne 2022 calen	dar year, or tax year beç	jinning		, 2022, a	and end	ing		, 20
В	Check i	f applicable:	C Name of organization	Low Impact Hyd	ropower Insti	tute			D Emp	loyer identification number
	Address	s change	Doing business as		_					94-3356689
	Name c	hange	Number and street (or P.O.	box if mail is not delivered to	street address)		Room/su	ite	E Telep	phone number
П	Initial re	_	1167 Massach	usetts Ave Sui	te 407					(339) 970-9337
Ī		turn/terminated		nce, country, and ZIP or foreig			1		<b>G</b> Gros	ss receipts
Ī		ed return	Arlington, M		<i>y</i> 1				\$	680,988
Ī		tion pending	F Name and address of prince					H(a) Is this a d		for subordinates? Yes X No
_		. 3	· '	•						tes included? Yes No
$\overline{}$	Tax-exe	mpt status:	501(c)(3) 501(c) (	) (insert no.)	4947(a)(1) or	527		1		st. See instructions
	Website		w.lowimpacthydro	, , , , , , , , , , , , , , , , , , ,		, 02.		H(c) Group e		
			<del> </del>	Association Other		L Year of formati	ion: 200			gal domicile: <b>CA</b>
	rt I	Summa				1 - 100. 0110	200	/=	Julio 01 10	<u> </u>
	1		ribe the organization's mi	ssion or most significa	nt activities: T.TF	II recogni	zes a	nd suppo	orts 1	hydropower that
		•	izes environmenta	-						
92		prioric	12es envilonmence	ar, recreacions	ii, miscorica	i, and cui	curar	resoure	e pr	Jeec CIOII.
Activities & Governance										
ver	2	Check this	box if the organizatio	n discontinued its one	rations or disposed o	of more than 25	% of its	net assets		
g	3		voting members of the go						3	12
<b>مخ</b>	4		independent voting memb						4	12
ties	5		er of individuals employed		• ,	•			5	
ξi	6		er of volunteers (estimate	•	· · · · · · · · · · · · ·				6	3
Ac	78		ated business revenue fro						7a	
			ed business taxable incor						7b	0
	+-'	J Net uniterate	ed business taxable incor	110 1101111 01111 990-1, 1	arti, iiie ii		<del></del>		1 7 10	
	8	Contribution	ns and grants (Part VIII, li	ne 1h)				Prior Year	600	Current Year
Ф			• ,	•					682	14,048
nu(	10	•	ervice revenue (Part VIII, I	•,				698	1.522	657,090
Revenue	10		income (Part VIII, column						182	4,065
œ			nue (Part VIII, column (A),						,300	5,785
	12		ue - add lines 8 through 1	•	,	,		704	,686	680,988
	13		similar amounts paid (Pa	` '	,					0
	14									0
S	15								,851	376,048
Expenses	16		• ,		)					0
xbe	_ '		aising expenses (Part IX,	` ′ ′ ·		0	-			
Ш		•	nses (Part IX, column (A)		•				,721	237,318
	18	•	ises. Add lines 13-17 (mu	•	. ,				,572	613,366
	၂ <u>19</u> ဖ	Revenue le	ss expenses. Subtract lir	ie 18 from line 12 .			<u> </u>		,114	67,622
Net Assets or	a   20	Total '	(Dort V. line 40)				Begi	nning of Curre		End of Year
sset	20 aga		s (Part X, line 16)						,526	586,656
etA	21		ies (Part X, line 26)	at line 24 from line 20					,085	53,865
	<u>₹   22</u> irt		or fund balances. Subtra ure Block	ct line 21 from line 20				483	,441	532,791
			eclare that I have examined this r	eturn including accompanyir	ng schedules and statemen	its, and to the hest	of my know	ledge and helic	of it is	
			eclaration of preparer (other than				or my know	icage and bein	JI, IL IS	
Sig	ın	Signature of off	a Zarek						L	ate
									De	ite
He	C	Type or print na	a Zarek, Treasure	er						
		<del> </del>	reparer's name	Preparer's signature		Date				PTIN
Pai	d		•					Check	X if	
			a Gilroy	Melissa Gilr	оу	03-06-20		self-em	ployed	P01069703
	pare	L.		a Gilroy, CPA				irm's EIN		
US	e On	Iy Firm's addre		enacre Rd			F	Phone no.		
				od MA 02090					781-	696-4019
May	the IF	to discuss this	s return with the preparer	snown above? See in	structions					Yes X No

94-3356689

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised 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			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
لم	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		.,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			X
124	Schedule D. Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124	^	
	"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 have 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? 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 F, Parts III and IV	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 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

2) Low Impact Hydropower Institute
Checklist of Required Schedules (continued) Part IV

			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		х
b	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, 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		v
20		21		Х
28	Was the organization a party to a business transaction with one of the following parties (see the 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	20.		
<b>L</b>	·	28a		<u> </u>
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 line 28a or 28b? If "Yes," complete Schedule L, Part IV	20-		
00		28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	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		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	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?	7-		
<b>L</b>		7a 7b		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	required to file Form 8282?	7c		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>L</b>	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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		v
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		Х
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 70		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Part VI

2) Low Impact Hydropower Institute 94-3356689

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

	response to mile out, out, or real below, december and the children production of the children	
	Check if Schedule O contains a response or note to any line in this Part VI	X
Section A. (	Governing Body and Management	

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	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 O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		х
3	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?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
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		х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • •	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
_	with a taxable entity during the year?	16a		Х
b	If "Yes," 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	401		
202	organization's exempt status with respect to such arrangements?	16b		
3ec 17	List the states with which a copy of this Form 990 is required to be filed California, Massachusetts			
18	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 only) available for public inspection. Indicate how you made these available. Check all that apply.     X			
19				
13	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial 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.			
LU				
	Lisa Zarek (339)970-9337, 1167 Massachusetts Ave Suite 407, Arlington, MA 02476			

# 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

K Check this box if heither the organization nor any	reialed organizati	OH COL	nper	isale	eu ai	ny curi	ent	officer, director, or	trustee.	
				(	(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average hours per week	box,	unles	ss per	rson is	nan one s both ar /trustee)		Reportable compensation from the organization (W-2/	Reportable compensation from related organizations (W-2/	Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Highest compensated employee Key employee Officer		Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations	
(1) Shannon Ames	40.00									
Executive Director					х			140,716	o	4,221
(2) Kelly Catlett	1.00									
Director		х						0	0	0
(3) Natalie Griffiths	1.00									
Director		х						0	0	0
(4) Dave Steindorf	1.00									
Director		х						0	0	0
(5) Vicki Taylor	1.00									
Director		Х						0	0	0
(6) Mark Zakutansky	1.00									
Director		Х						0	0	0
(7) Sam Krasnow	1.00									
Director		х						0	0	0
(8) Julie Gantenbein	1.00									
Director		х						0	0	0
(9) Thomas John (TJ) Heibel	1.00									
Director		х						0	0	0
(10)Julie McNamara	1.00									
Vice Chair				X				0	0	0
(11)Brenda Pracheil	1.00									
Chair				х				0	0	0
(12)Rick Glick	1.00									
Secretary				х				0	0	0
(13)Lisa Zarek	1.00									
Treasurer				х				0	0	0
(14)	L									
·	<b>-</b>									

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Part	(A) Name and title	(B) Average hours per week (list any	officer and a director/trustee)						(D)  Reportable compensation from the organization (W-2/	(E) Reporta compensa from rela organizatior	able ation ated	Estim	(F) ated am of other	nount r
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE		-	nization I organiz	
<u>(15)</u>														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
<u>(22)</u>														
(23)_														
(24)_														
<u>(25)</u>														
1b	Subtotal							•						
d	Total (add lines 1b and 1c)								140,716		0		4,2	221
2	Total number of individuals (including but not limite reportable compensation from the organization	ed to those lis	sted at	oove;	) wh	o red	ceived	moı	re than \$100,000 of					1
3	Did the organization list any <b>former</b> officer, director	or. trustee. ke	ev emp	love	e. or	hiah	nest co	agmo	ensated				Yes	No
	employee on line 1a? If "Yes," complete Schedule	J for such in	ndividu	al								3		х
4	For any individual listed on line 1a, is the sum of reorganization and related organizations greater tha	•	•											
	individual											4		x
5	Did any person listed on line 1a receive or accrue	•		•			•		ation or individual					
Sooti	for services rendered to the organization? If "Yes,	" complete S	chedul	e J f	or su	ıch p	person	1				5		Х
1	on B. Independent Contractors  Complete this table for your five highest compensations.	ated indepen	dent c	ontra	actor	s the	at rece	ived	1 more than \$100 0	00 of				
	compensation from the organization. Report comp										ax year.			
	(A) Name and business addres	SS							(B)  Description of service	es		(C)	ation	
									· · · · · · · · · · · · · · · · · · ·			,		
2	Total number of independent contractors (including received more than \$100,000 of compensation fro	-		those	e list	ed a	ibove)	who	)					

Part VIII

		Check if Schedule O contains a response or	note to any line in this	s Part VIII			[
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g h	Membership dues	14,048	14,048	554,044		
Program Service Revenue	b c d	Application Fees  All other program service revenue	561000	103,046	103,046		
Revenue	b c d 7a b	Investment income (including dividends, interest other similar amounts)  Income from investment of tax-exempt bond pro Royalties  Gross rents  Less: rental expenses  Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of assets other than inventory  Less: cost or other basis and sales expenses  Other type of the control of	t, and	4,065			4,065
Other R	b c 9a b c	Net income or (loss) from fundraising events Gross income from gaming activities, See Part IV, line 19 9 Less: direct expenses	8a 8b				
Miscellanous Revenue	11a b c	Other income	Business Code 561000	5,785	5,785		
		Total revenue. See instructions		680.988	662.875	0	4.065

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### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to a	any line in this Part IX			
	not include amounts reported on lines 6b, 7b, 0b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		САРСПЭСЭ	general expenses	схреносо
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	140,716	98,501	42,215	
6	Compensation not included above to disqualified		30,002	/	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	190,004	170,453	19,551	
8	Pension plan accruals and contributions (include	, , , , , ,	-,	- ,	
	section 401(k) and 403(b) employer contributions)	18,171	14,537	3,634	
9	Other employee benefits	- ,	,	-,	
10	Payroll taxes	27,157	21,726	5,431	
11	Fees for services (nonemployees):	, -	,	- , -	
а	Management				
b	Legal				
С	Accounting	28,667		28,667	
d	Lobbying	30,000		30,000	
е	Professional fundraising services. See Part IV, line 17 .	, i		,	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	19,743	7,642	12,101	
12	Advertising and promotion	·	,	·	
13	Office expenses	3,929	2,980	949	
14	Information technology				
15	Royalties				
16	Occupancy	23,344	19,214	4,130	
17	Travel	36,159	27,820	8,339	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,090	2,318	1,772	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Contract reveiwer fees	55,587	55,587		
b	Advertising and marketing	20,648		20,648	
С	Dues and fees	15,151	9,952	5,199	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	613,366	430,730	182,636	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	I	I		

Part X Bal

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	480,781	1	156,450
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	61,202	4	44,608
	5	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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
(0	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	2,543	9	1,756
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 10,057			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	383,842
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	544,526	16	586,656
	17	Accounts payable and accrued expenses	35,581	17	25,157
	18	Grants payable		18	
	19	Deferred revenue	25,504	19	28,708
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>ia</u>		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	61,085	26	53,865
<b>,</b>		Organizations that follow FASB ASC 958, check here			
Š	07	and complete lines 27, 28, 32, and 33.		0.7	
Balances	27	Net assets without donor restrictions	483,441	27	532,791
B	28	Net assets with donor restrictions		28	
pun		Organizations that do not follow FASB ASC 958, check here			
Ē	00	and complete lines 29 through 33.		20	
Net Assets or Fund	29	Capital stock or trust principal, or current funds		29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31 32	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	400 444	31 32	F00 F01
Se	32 33		483,441	33	532,791
	JJ	lotal liabilities and net assets/fund balances	544,526	JJ	586,656

Pa	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		(	680,	988
2	Total expenses (must equal Part IX, column (A), line 25)	2		(	613,	366
3	Revenue less expenses. Subtract line 2 from line 1	3			67,	622
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			483,	441
5	Net unrealized gains (losses) on investments	5			(18,	272)
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		ļ	532,	791
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			٠.		
			_		Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· · <u>  </u> 2	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		· · <u> </u> 2	2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	X Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		· ·   _2	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		· ·   <u>:</u>	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		;	Bb		
EΑ			F	orm	990 (	2022)

### **SCHEDULE A** (Form 990)

### **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

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-F7

Open to Public Inspection

Name of the organization Employer identification number Low Impact Hydropower Institute 94-3356689 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) Total

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

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> 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 .						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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	<b>Total support</b> . Add lines 7 through 10		<u> </u>				
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the o	-			-	,	, , ,
<u>C4</u> :	organization, check this box and stop he						<u></u>
	on C. Computation of Public Suppo			44   (f)			0/
14	Public support percentage for 2022 (line 6					14	<u>%</u>
15	Public support percentage from 2021 Sch					1/20/ or more	
16a	33 1/3% support test - 2022. If the organ box and stop here. The organization qua						_
b	33 1/3% support test - 2021. If the organ	-		-			_
b	this box and <b>stop here</b> . The organization						
17a	10%-facts-and-circumstances test - 202						
174	10% or more, and if the organization mee						
	Part VI how the organization meets the fa						
	organization						
h	10%-facts-and-circumstances test - 202						
b	15 is 10% or more, and if the organization	•					
	in Part VI how the organization meets the					•	•
	organization			_	•		
18	<b>Private foundation.</b> If the organization di						
10							
	instructions	<del></del>					

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### Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees		. ,	, ,	, ,	, ,	
	received. (Do not include any "unusual grants.")	19,140	17,660	7,949	3,682	14,048	62,479
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		21,7000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,332		
3	Gross receipts from activities that are not an						+
Ū	unrelated trade or business under section 513	556,969	651,684	660,961	698,522	657,090	3,225,226
4	Tax revenues levied for the	330,909	031,004	000,901	090,322	037,090	3,223,220
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	576,109	669,344	668,910	702,204	671,138	3,287,705
7a	Amounts included on lines 1, 2, and 3	,					
	received from disqualified persons .	1,185	1,140	1,520			3,845
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						
С	Add lines 7a and 7b	1,185	1,140	1,520			3,845
8	Public support. (Subtract line 7c from						
	line 6.)						3,283,860
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	576,109	669,344	668,910	702,204	671,138	3,287,705
10a	Gross income from interest, dividends, •						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	6	11	1,171	182	4,065	5,435
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
C	Add lines 10a and 10b	6	11	1,171	182	4,065	5,435
11	Net income from unrelated business						
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						<u> </u>
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)	0 115					10 754
13	Total support. (Add lines 9, 10c, 11,	2,117		552	2,300	5,785	10,754
13	and 12.)	578,232	669,355	670 633	704,686	680,988	2 202 004
14	First 5 years. If the Form 990 is for the or			670,633			(c)(3)
	organization, check this box and <b>stop her</b>	-			•		` ` `
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8			13. column (f))		15	99.39 %
16	Public support percentage from 2021 Sch		•	. , ,		16	99.68 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2022 (			y line 13, colu	mn (f))	17	0.00 %
18	Investment income percentage from 2021		. , .	•	` ' '	18	0.00 %
19a	33 1/3% support tests - 2022. If the orga	nization did no	t check the bo	x on line 14, a	nd line 15 is m	ore than 33 1/	
	17 is not more than 33 1/3%, check this b	ox and <b>stop h</b>	<b>ere.</b> The orgar	nization qualifie	s as a publicly	supported or	ganization 🗶
b	33 1/3% support tests - 2021. If the organizatio	n did not check a	box on line 14 c	or line 19a, and lir	ne 16 is more tha	n 33 1/3%, and	
	line 18 is not more than 33 1/3%, check this box						
20	Private foundation. If the organization die	d not check a b	oox on line 14,	19a, or 19b, c	heck this box a	and see instru	ctions $$

Schedule A (Form 990) 2022 EEA

10b

### Part IV **Supporting Organizations**

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

## S

			Yes	No
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.	1		
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 <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i>	_		
-	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- Ou		
~	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	0.0		
·	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If</i>	00		
тa	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	τα		
D	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination	40		
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes,"</i>	40		
Ja	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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	Eo		
h	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		
_	designated in the organization's organizing document?	5c		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	50		
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 <b>Part VI</b> .	c		
7		6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	,		
0	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	0		
эа	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 <b>Part VI</b> .	9a		
<b>L</b>		Ja		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	۵h		
_		9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	0.0		
10-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		
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	10-		
h	supporting organizations)? If "Yes," answer 10b below.  Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
IJ	DIU ING VIUGINZANUH HAVE AHV EXCESS DUSINESS NUNHIUS III ING IAX VERI ! TUSE SCHEURE C. FUITI 4/20. IU			

Schedule A (Form 990) 2022 EEA

determine whether the organization had excess business holdings.)

· a.c	Cupporting Organizations (Continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
<del></del>	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on 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			
<u> </u>	the supported organization(s).	1		
Section	on 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			
	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			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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 <b>Part VI</b> the role the organization's	2		
Socti	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inat	w o ti d	2001
a	The organization satisfied the Activities Test. Complete line 2 below.	; 11150	rucuc	nisj.
a b	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization is the parent of each of its supported organizations. Complete time 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	201		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	S).	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedul	e A (Form 990) 2022 Low Impact Hydropower Institute		94-33566	89	Page <b>6</b>		
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 <i>(explai</i>	n in <b>Part VI</b> )	. See		
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Casti	on A. Adirected Not Income		(A) Drien Veen	(B) Currei	nt Year		
Secu	on A - Adjusted Net Income		(A) Prior Year	(optio	nal)		
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
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)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B - Minimum Asset Amount			(A) Prior Year	(B) Currei (option			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in <b>Part VI</b> ):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Secti	on C - Distributable Amount			Current	Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						

EEA Schedule A (Form 990) 2022

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

emergency temporary reduction (see instructions).

(see instructions).

7

6

Schedul	e A (Form 990) 2022 Low Impact Hydropower Inst	titute	94-3		89 Page <b>7</b>
Secti	Current Year				
1	1				
	Amounts paid to supported organizations to accomplish e Amounts paid to perform activity that directly furthers exer		ted	+	
-	organizations, in excess of income from activity	mpt purposes or support	lou	2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	nizations	3	
4	Amounts paid to acquire exempt-use assets	oses of supported organ	IIZGUOTIS	4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	- provide details in T dit	•1)	6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is rest	oonsiye	+	
0	(provide details in <b>Part VI</b> ). See instructions.	i tile organization is resp	DONSIVE	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Line o amount divided by line 3 amount		(ii)	-	(iii)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2022	s	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
	From 2019				
d	From 2020				
e	From 2021				
f	<b>Total</b> of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
C	Excess from 2020				
d	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Page **8** 

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
rait VI	
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	2. and 2h. Dart V. line 4. Dart V. Castian D. line 4. Dart V. Castian D. lines F. C. and 2h. and Dart V. Castian D.
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
· · · · · · · · · · · · · · · · · · ·	
_	

## Schedule B (Form 990)

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

**Employer identification number** Name of the organization Low Impact Hydropower Institute 94-3356689 Organization type (check one): 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 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** 🗷 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year .....\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization Employer identification number

Low Impact Hydropower Institute 94-3356689

Parti	Contributors (see instructions). Ose duplicate cop	ies of Part I if additional space is he	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	Great River Hydro, LLC  40 Pleasant Street, Suite 202  Portsmouth NH 03801	\$5,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2_	Brookfield Renewable Energy Group  200 Donald Lynch Blvd, Suite 300  Marlborough MA 01752	\$5,000	Person
(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
_		<b>\$</b>	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

### SCHEDULE C (Form 990)

### **Political Campaign and Lobbying Activities**

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

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

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

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Se	ction 501(c)(4), (5), or (6) orga	nizations: Complete Part III.			
Name	of organization			Employer iden	tification number
Low 1	Impact Hydropower In	stitute		94-3356689	
Part	I-A Complete if the	e organization is exempt un	der section 501(	c) or is a section 527	organization.
1	Provide a description of the o	organization's direct and indirect politica	al campaign activities	in Part IV. See instructions for	
	definition of "political campaig	gn activities."			
2	Political campaign activity ex	penditures. See instructions		\$	
3	· · · · · · · · · · · · · · · · · · ·	ampaign activities. See instructions			
Part		e organization is exempt un		, , ,	
1		se tax incurred by the organization und			
2	Enter the amount of any exci	se tax incurred by organization manage	ers under section 495	5 \$	
3	· ·	section 4955 tax, did it file Form 4720	•		
4a					Yes X No
b	If "Yes," describe in Part IV.				( ) (0)
Part		e organization is exempt un		• • •	(c)(3).
1	, ,	pended by the filing organization for sec	•		
_					
2		organization's funds contributed to oth	-		
•	'	s		·	
3		ditures. Add lines 1 and 2. Enter here a			
		F 4400 BOL for this and			
4		<b>Form 1120-POL</b> for this year? and employer identification number (El			
5		. For each organization listed, enter the			
	. ,	outions received that were promptly and	•	0 0	
	·	nd or a political action committee (PAC)	•		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
(1)					
(0)					
(2)					
(2)					
(3)					
(4)					
( <del>*)</del>					
(5)					
(6)			4		

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total				
2a	Lobbying nontaxable amount									
b	Lobbying ceiling amount (150% of line 2a, column (e))									
С	Total lobbying expenditures									
d	Grassroots nontaxable amount									
е	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

EEA Schedule C (Form 990) 2022

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

				f	<del></del>	
For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	(-	a)		(b)	
descr	iption of the lobbying activity.	Yes	No	Aı	mount	:
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?		х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	х				
С	Media advertisements?		х			
d	Mailings to members, legislators, or the public?		х			
е	Publications, or published or broadcast statements?		х			
f	Grants to other organizations for lobbying purposes?		х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	х			33	, 696
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		х			
i	Other activities?		х			
j	Total. Add lines 1c through 1i				33	,696
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х			
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(	c)(5)	or s	ection	1	
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3		
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6), and if either (c) BOTH Part III A lines 4 and 3 are encouraged "No."					2 io
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" C answered "Yes."	מ) אינ	) Pai	ι III-A,	iiie	3, 15
			1			
1	Dues, assessments and similar amounts from members		_			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			1		
	political expenses for which the section 527(f) tax was paid).  Current year		20			
a	Carryover from last year	• •	2a 2b			
b	Total		20 2c	<del>                                     </del>		
C C	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• •	3			
3		• •	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditures next year?	_	4			
5	Taxable amount of lobbying and political expenditures. See instructions	• •	5			
Part		<u> </u>				
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, I	ines 1	and			
	instructions); and Part II-B, line 1. Also, complete this part for any additional information.		unu			
01 (	General Explanation Attachment					
<u> </u>	Jenetal Explanación recaemment					
Met. v	with legislative offices regarding federal infrastruture bills and other le	aisl	atio	'n		
		.5		<u>;==</u>		
rela	ted to hydropower and river conservation.					

EEA Schedule C (Form 990) 2022

### **SCHEDULE D** (Form 990)

### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	f the organization	mployer identification number					
				94-3356689			
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.							
	Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 6.				
		(a) Donor adv	rised funds	(b) Funds 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						
5	Did the organization inform all donors and donor advisors in	writing that the assets h	eld in donor advised				
	funds are the organization's property, subject to the organiza	tion's exclusive legal co	ntrol?				
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that gi	ant funds can be use	ed			
	only for charitable purposes and not for the benefit of the dor						
	conferring impermissible private benefit?			· · · · · · · · · · · · · · · · · · ·			
Par							
	Complete if the organization answered "Yes" of						
1	Purpose(s) of conservation easements held by the organizat	-	—				
	Preservation of land for public use (for example, recreation	n or education)		historically important land area			
	Protection of natural habitat		Preservation of a	certified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contrib	oution in the form of a	a conservation			
	easement on the last day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements						
b	Total acreage restricted by conservation easements						
C	Number of conservation easements on a certified historic str			2c			
d	Number of conservation easements included in (c) acquired						
•	historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, re .	leased, extinguished, or	terminated by the or	rganization during the			
	tax year	amont is leasted					
4 5	Number of states where property subject to conservation eas		tion bandling of				
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it	• .	-				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
·	ciali and volunteer flears devoted to mornioring, inspecting,	narialing of violations, a	id ciliorollig dollociv	ation casemonia daming the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and er	nforcing conservation	n easements during the year			
	3, 1 3,	,	3	3 ,			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h)	(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservati	on easements in its rev	enue and expense st	tatement and			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial statements	s that describes the			
	organization's accounting for conservation easements.						
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.							
	Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rev	enue statement and	balance sheet works			
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the						
	following amounts required to be reported under FASB ASC						
a	Revenue included on Form 990, Part VIII, line 1						
b	Assets included in Form 990, Part X			\$			

Part	t III   Organizations Maintaining	Collec	tions of	Art, His	torical T	reasures	, or Ot	her Similar <i>A</i>	Assets (c	ontin	ued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public exhibition			d	Loan o	r exchange p	rogram				
b	Scholarly research			е	Other						
С	Preservation for future generations				_						_
4	Provide a description of the organization's c	collections	s and explain	n how they	further the	organization	n's exem	ot nurnose in Par	t		
-	XIII.		and oxpian			o.gaa.o.		pa. pasa a.	•		
5	During the year, did the organization solicit of	or rocoivo	donations (	of art biete	rical trace	uros or othor	r cimilar				
3	• •								□ v <sub>2</sub>		7 N.
Par	assets to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to take to be sold to raise funds rather than to be sold to raise funds rather than to be sold to take the sold to take the sold to be sold to take the sold to ta			art or the t	organizatio	ITS COILECTION	11		<u> </u> Ye	5	No
Fail	Complete if the organization			on Forn	. 000 D	ort IV/ line	0 055	onartad an ar	mount on	-crn	_
	,	answe	reu res	OH FOH	1 990, F	ait iv, iiie	9, 01 1	eported arr ar	HOUITE OH	гош	11
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custod									_	7
	·								∐ Ye	s	No
b	If "Yes," explain the arrangement in Part XIII	I and com	nplete the fol	llowing tab	le:		_				
								A	mount		
С	Beginning balance							:			
d	Additions during the year						. 10				
е	Distributions during the year						. 1e				
f	Ending balance						. 1f				
2a	Did the organization include an amount on F	orm 990	, Part X, line	21, for es	crow or cu	stodial accou	ınt liabilit	y?	Ye	s	No
b	If "Yes," explain the arrangement in Part XIII							-		_	Ī
Part					'						
	Complete if the organization	answe	red "Yes"	on Forn	n 990, Pa	art IV, line	10.				
	, ,	1	irrent year	(b) Pri		(c) Two years		(d) Three years bac	k (e) Fou	r vears	hack
1a	Beginning of year balance	(4) 54		(2)	or you.	(6) 1110 your	o baon	(4)	(6) . 55	youro	DUGIN
b	Contributions										
c	Net investment earnings, gains, and										
C	losses										
a											
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	-		e (line 1g,	column (a)	) held as:					
а	Board designated or quasi-endowment		%								
b	Permanent endowment%	)									
С	Term endowment%										
	The percentages on lines 2a, 2b, and 2c should equal 100%.										
3a	Are there endowment funds not in the posse	ession of	the organiza	ation that a	re held and	d administere	ed for the				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiz										
4	( ),										
	Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.										
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.										
	Description of property		(a) Cost or other			r other basis		Accumulated		ok value	
	Description of property		(a) Cost or other		` '	r otner basis other)	l ' '	epreciation	(u) Boo	n value	
	Land		(	,	,						
1a	Land	_									
b	Buildings										
C	Leasehold improvements										
d	Equipment										
е	Other		1	10,057			<u> </u>	10,057			

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Fo	rm 990) 2022 Low Impact Hydropower I	nstit	ute	94-	-3356689	Page
Part VII	Investments - Other Securities.					
	Complete if the organization answered "Yes" of	on For	m 990, Part IV, line	e 11b. See Form	990, Part X, lir	ne 12.
	(a) Description of security or category (including name of security)		(b) Book value	1 ' '	ethod of valuation: d-of-year market value	
(1) Financial	derivatives				-	
	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.					
	Complete if the organization answered "Yes" of	on For	m 990, Part IV, line	e 11c. See Form	990, Part X, lir	ne 13.
	(a) Description of investment		(b) Book value	1 ' '	ethod of valuation: d-of-year market value	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.	_				
	Complete if the organization answered "Yes" of	on For	m 990, Part IV, line	e 11d. See Form	990, Part X, lir	ne 15.
	(a) Description				(b) Book va	alue
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 15.)	<u></u>				
Part X	Other Liabilities.					
	Complete if the organization answered "Yes" of line 25.	on Fori	m 990, Part IV, line	e 11e or 11f. See	Form 990, Pa	rt X,
1.		(b) Book v	ralue			
	income taxes	. ,				
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part 1		Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	662,716
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a (18,272)		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	(18,272)
3	Subtract line 2e from line 1	3	680,988
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Det	680,988
Part 1		r Keturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	613,366
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	613,366
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.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	613,366
Part 1	XIII Supplemental Information.		
	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; Pax II, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	irt X, line	

# SCHEDULE O (Form 990)

### 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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Low Impact Hydropower Institute

Employer identification number 94-3356689

01. Form 990 governing body review (Part VI, line 11)
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.
02. Conflict of interest policy compliance (Part VI, 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.
03. CEO, executive director, top management comp (Part VI, line 15a)
The organization has a policy to review salaries based on below:
The Compensation Policy
1) LIHI is a top performing Environmental 501©(3) Organization: see GuideStar as
recognized by its gold rating.
2) LIHI staff is above average in ability, skills, and qualifications
3) LIHI will pay its staff between the midpoint and the 90th % of the salary for
comparable positions as determined from reputable and relevant salary studies like
GuideStar. The exact amount will depend on individual performances including
success in executing their job responsibilities and in meeting objectives both annual
and long term. Other factors may include financial affordability and the benefit

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page Z
Name of the organization	Employer identification number
Low Impact Hydropower Institute	94-3356689
package compared to industry standard benefit packages, as best as can	n he
package compared to inductly beandard benefit packages, as beet as car	
determined.	
04. Other officer or key employee compensation (Part VI, line 15b	
The Organization has a policy to review salaries based on:	
The Compensation Policy	
1) LIHI is a top performing Environmental 501©(3) Organization: see Gu	nideStar as
recognized by its gold rating.	
2) LIHI staff is above average in ability, skills, and qualifications	
3) LIHI will pay its staff between the midpoint and the 90th % of the	salary for
comparable positions as determined from reputable and relevant salary	studies like
GuideStar. The exact amount will depend on individual performances inc	cluding
success in executing their job responsibilities and in meeting objecti	ves both annual
and long term. Other factors may include financial affordability and t	the benefit
package compared to industry standard benefit packages, as best as can	n be
determined.	
05. Governing documents, etc, available to public (Part VI, line 19)	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEM	MENTS
ARE AVAILABLE UPON REQUEST.	
06. General explanation attachment	
THE COMPANY IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE	I E
212 00111111 20 11 11111 211211 0110111121112	
INTERNAL REVENUE CODE (IRC). THE ORGANIZATION IS CLASSIFIED AS AN	
ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AS DEFINED IN SECTION 50	)9(A)
CHARLES THE TO NOT IT TRIVING TOORDINGTON THE DESTRUCTION OF	\/
OF THE TRO AS OF DECEMBER 31 2021 THE ORGANIZATION HAD NO UNCERTAIN	Ι ΤΔΥ

EEA Schedule O (Form 990) 2022

Name of the organization	Employer identification number
Low Impact Hydropower Institute	94-3356689
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.	

