### COMMITTEE ON NATURAL RESOURCES

# 113<sup>th</sup> Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

9/19/13 Oversight Hearing on "Keeping Hydropower Affordable and Reliable: The Protection of Existing Hydropower Investments and the Promotion of New Development"

For	Witnesses	Represent	ting C	)rganizat	tions:
		Troproser.		-5	

- 1. Name: Michael J. Sale, Ph.D.
- 2. Name of Organization(s) You are Representing at the Hearing: Low Impact Hydropower Institute
- 3. Business Address: [Redacted for privacy]
- 4. Business Email Address: [Redacted for privacy]
- 5. Business Phone Number: [Redacted for privacy]

#### For all Witnesses

Name/Organization: Michael J. Sale, Low Impact Hydropower Institute
Title/Date of Hearing: "Keeping Hydropower Affordable and Reliable: The Protection of Existing
Hydropower Investments and the Promotion of New Development"

- a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
  - Ph.D., Environmental Engineering & Science, University of Illinois, Urbana, IL, 1981
  - M.S., Aquatic Ecology, University of Illinois, Urbana, IL, 1976
  - B.S., Zoology, University of Michigan, Ann Arbor, MI, 1972
- b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.
  - Fellow Member, American Water Resources Association, current
  - Member, National Hydropower Association, current
  - Board Member, Hydro Research Foundation, current
- c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.
  - Twenty-eight years employment with Oak Ridge National Laboratory, retired emeritus in 2008
  - Extensive experience in hydropower research and assessment for the U.S. Department of Energy, the Federal Energy Regulatory Commission, the U.S. Army Corps of Engineers, the U.S. Forest Service, and private industry (EPRI, Idaho Power Company, etc.)
  - More than 100 publications, reports, and assessments related to hydropower in the U.S.
- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract.
  - None applicable
- e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.
  - None applicable
- f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.
  - None applicable
- g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.
  - Currently an advisor to the U.S. Department of Energy with respect to the Memorandum of Understanding on Federal Hydropower among DOE, the U.S. Army Corps of Engineers, and the Bureau of Reclamation (one of the other witnesses at this hearing)

### **Witnesses Representing Organizations**

Name/Organization: Michael J. Sale, Low Impact Hydropower Institute
Title/Date of Hearing: "Keeping Hydropower Affordable and Reliable: The Protection of Existing
Hydropower Investments and the Promotion of New Development"

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

- Executive Director, Low Impact Hydropower Institute since February 2013
- Governing Board Member, Low Impact Hydropower Institute, current
- i. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (and /or other agencies invited) that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).
  - None
- j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).
  - None
- k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.
  - None
- 1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).
  - Copies of our most recent 990s can be located by using our name or EIN=94-3356689, at this web site: <a href="http://foundationcenter.org/findfunders/990finder/">http://foundationcenter.org/findfunders/990finder/</a>

DLN: 93493174001242 OMB No 1545-0047

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

**Return of Organization Exempt From Income Tax** 

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2011

Open to Public

89,713

9,674

80,039

20,039

20,039

0

Department of the Treasury

ппенан	Revenue Service	, , , , , , , , , , , , , , , , , , , ,	<b>5</b> - 1	Inspection
A Fo	rthe 2011 o	calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		
<b>3</b> Che	ck if applicable	C Name of organization LOW IMPACT HYDROPOWER INSTITUTE	D Emplo	yer identification number
Add	ress change	Doing Business As		356689 one number
_ Nan	ne change	Doing business As		
_ Initi	al return	Number and street (or P O box if mail is not delivered to street address) Room/suit	e	773-8190
– Ten	mınated	34 PROVIDENCE STREET	<b>G</b> Gross r	eceipts \$ 195,481
– Ame	ended return	City or town, state or country, and ZIP + 4	_	
– App	lication pending	PORTLAND, ME 04103		
		<b>F</b> Name and address of principal officer	<b>H(a)</b> Is this a group	raturn for
		FRED AYER	affiliates?	⊤Yes ▼ No
		34 PROVIDENCE STREET PORTLAND, ME 04103		
		1 3 11 3 12 3 12 3 1	H(b) Are all affiliates	
Tax	c-exempt statu	501(c)(3)	H(c) Group exempt	a list (see instructions) ion number ►
W	ebsite: 🕨 W	WW LO WIMPACTHY DRO ORG		
<b>C</b> Form	n of organizatio	n ✓ Corporation  Trust  Association Other ►	L Year of formation 20	01 <b>M</b> State of legal domicile CA
	_	nmary	I	
	<b>1</b> Briefly	describe the organization's mission or most significant activities		
		E THE ENVIRONMENTAL IMPACT OF HYDROPOWER GENERATION		
<u>ĕ</u>				
<u>e</u>				
Activities & Governance	2 Check	this box 🔭 if the organization discontinued its operations or disposed of	more than 25% of its	net assets
3	<b>3</b> Numbe	r of voting members of the governing body (Part VI, line 1a)	<b>3</b>   10	
o O	4 Numbe	r of independent voting members of the governing body (Part VI, line 1b)		4 10
an l	<b>5</b> Total n	umber of individuals employed in calendar year 2011 (Part V, line 2a) .		5 1
<b>E</b>	<b>6</b> Total n	umber of volunteers (estimate if necessary)		<b>6</b> 0
4	<b>7a</b> Total u	nrelated business revenue from Part VIII, column (C), line 12		<b>7a</b> 0
	<b>b</b> Net unr	elated business taxable income from Form 990-T, line 34	_	<b>7b</b> 0
			Prior Year	Current Year
a	8 Cont	ributions and grants (Part VIII, line 1h)		0 45,000
Revenue		ram service revenue (Part VIII, line 2g)	304,	
) jet		stment income (Part VIII, column (A), lines 3, 4, and 7d)		863 122
_		r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0 0
		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	305,	195,481
		ts and similar amounts paid (Part IX, column (A), lines 1–3)	1	0 0
		fits paid to or for members (Part IX, column (A), line 4)		0 0
<sub>ø</sub>	<b>15</b> Salar	ries, other compensation, employee benefits (Part IX, column (A), lines	0.5	220 104.626
Expenses	5-10		95,	320 104,626
<u>a</u>		ssional fundraising fees (Part IX, column (A), line 11e)		0 0
<u>র</u>		fundraising expenses (Part IX, column (D), line 25) • 0		256
		r expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	220,	· ·
		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	315,	<del></del>
	19 Reve	nue less expenses Subtract line 18 from line 12	-10,	<u> </u>
8 04 BC+8			Beginning of Curre Year	nt End of Year

# Signature Block

Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (other knowledge.

Net assets or fund balances Subtract line 21 from line 20 .

Total liabilities (Part X, line 26) . . . . .

Total assets (Part X, line 16) . . .

	*****							
Sign	Signature of officer							
Here	FRED AYER EXECUTIVE DIRECTOR							
	Type or print name and title							
Paid	Preparer's signature Sally-Alane Fox	Date 2012-06-18						
Preparer's Use Only	Firm's name (or yours Keirstead & Fox PA if self-employed),							
ooc omy	address, and ZIP + 4 2 Church Street							
	Westbrook, ME 040923422							

May the IRS discuss this return with the preparer shown above? (see instruction

	Ш	Statement of P Check if Schedule			uestion in this Part III		
1	Briefl	y describe the orgar	nization's mission				
PROJE	ECTS					OUGH THE CERTIFICATIO CT PURSUANT TO THE LO	
,	the pr	or Form 990 or 990	)-EZ?		ervices during the yea	r which were not listed on	┌ Yes ┌ No
		s," describe these n					
	servic	es?			nt changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes	s," describe these c	hanges on Schedul	e O			
	expen	ses Section 501(c)	)(3) and 501(c)(4)	organızatıons	s and section 4947(a)	ree largest program service (1) trusts are required to re ch program service reporte	eport the amount of
4a	(Code		) (Expenses \$ WER FACILITIES AS LOV	228,792 W IMPACT PRO	,	) (Revenue \$ ES TO HYDROPOWER FACILITIES	150,359 )
4b	(Code		) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code		) (Expenses \$		including grants of \$	) (Revenue \$	)
4d		r program services enses \$		dule O ) ding grants o	f \$	) (Revenue \$	)
4e	Tota	program service ex	penses <b>-</b> \$	228,79	12		

art IV	Checklist of	Required	Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20h		

	330 (2011)			i age -
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If</i> "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	·,	
a En	ter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
	· · · · · ·			
<b>b</b> En	ter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
<b>c</b> Die	the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	ming (gambling) winnings to prize winners?	1c	Yes	
	ter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> stements filed for the calendar year ending with or within the year covered by this			
	urn			
<b>b</b> If	at least one is reported on line 2a, did the organization file all required federal employment tax returns?		V	
No	<b>te.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	the organization have unrelated business gross income of \$1,000 or more during the			
	ar?	За		Νo
If'	Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
	any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	er, a financial account in a foreign country (such as a bank account or securities	4a		Νo
b If	'Yes," enter the name of the foreign country 🕨			
	e instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1.8.4		F		N.I
	t any tavable party potify the organization that it was on is a party to a prohibited tay shelter transaction?	5a		No No
	d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
: If`	'Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	es the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
	ganization solicit any contributions that were not tax deductible?			
	Yes," did the organization include with every solicitation an express statement that such contributions or gifts re not tax deductible?	6b		
	ganizations that may receive deductible contributions under section 170(c).			
a Die	d the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	rvices provided to the payor?			
	Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	d the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		Νo
	Yes," indicate the number of Forms 8282 filed during the year   7d			
	d the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit ntract?	7e		Νo
	d the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	quired?	7g		
	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
	onsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	e supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess siness holdings at any time during the year?			
		8		
_	onsoring organizations maintaining donor advised funds.	0-		
	d the organization make any taxable distributions under section 4966?	9a 9b		
	ction 501(c)(7) organizations. Enter	90		
	tiation fees and capital contributions included on Part VIII, line 12   10a			
	oss receipts, included on Form 990, Part VIII, line 12, for public use of club			
	ulities			
	ction 501(c)(12) organizations. Enter			
	oss income from members or shareholders			
	oss income from other sources (Do not net amounts due or paid to other urces against amounts due or received from them )			
	,			
	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
bo If` ye	Yes," enter the amount of tax-exempt interest received or accrued during the ar			
•	ction 501(c)(29) qualified nonprofit health insurance issuers.			
a Is	the organization licensed to issue qualified health plans in more than one state?			
	<b>te.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue alified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	ocated to each state	13a		
	ter the aggregate amount of reserves the organization is required to maintain by	Ī	Ī	
	e states in which the organization is licensed to issue qualified health plans ter the aggregate amount of reserves on hand			
. LII	13c			
a Die	the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h If'	'Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management					
			Yes	No		
1.	Enter the number of voting members of the governing heady at the end of the tay					
1a	Enter the number of voting members of the governing body at the end of the tax year					
b	Enter the number of voting members included in line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No		
4	4		No			
5	filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets? .					
6	Did the organization have members or stockholders?	6		No		
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		No		
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		No		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						
Se	ection B. Policies (This Section B requests information about policies not required by the Internal					
Re	venue Code.)					
			Yes	No		
	Did the organization have local chapters, branches, or affiliates?	10a		No		
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		No		
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes			
13	Did the organization have a written whistleblower policy?	13		No		
14	Did the organization have a written document retention and destruction policy?	14		No		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
b	Other officers or key employees of the organization	15b		No		
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		N.a		
L	taxable entity during the year?	16a		No		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b				
Se	ection C. Disclosure					
	List the States with which a copy of this Form 990 is required to be filed▶CA					

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization FRED AYER

34 PROVIDENCE STREET PORTLAND, ME 04103

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

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

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

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

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

Check this box if neither the organiz	zation nor any re	lated o	rganı	zatıc	ns	compe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Office	Key employee	Former Highest compensated employee			MISC)	related organizations
(1) RICHARD ROOS-COLLINS CHAIRMAN	1 00	х		х				0	0	0
(2) STEVEN MALLOCH TREASURER	1 00	х		х				0	0	0
(3) DANA HALL SECRETARY	1 00	х		Х				0	0	0
(4) JEFF OPPERMAN BOARD MEMBER	50	х						0	0	0
(5) VICTORIA TAYLOR BOARD MEMBER	50	х						0	0	0
(6) KENNETH KIMBAL PHD BOARD MEMBER	50	х						0	0	0
(7) JOHN SEEBACH BOARD MEMBER	50	х						0	0	0
(8) MICHAEL J SALE BOARD MEMBER	50	х						0	0	0
(9) LAURA WISLAND BOARD MEMBER	50	х						0	0	0
(10) NATHANAEL GREENE BOARD MEMBER	50	х						0	0	0
(11) FRED AYER EXECUTIVE DIRECTOR	40 00			х				84,000	0	0
						_				

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

<b>(A)</b> Name and Title		(B) A verage hours per week (describe	unles an	on (d e thai	n one son er ai	e bo ıs bo nd a	x, oth		(D) Reportabl compensat from the organization 2/1099-MI:	ion (W-	(E) Reportable compensation from related organizations (W- 2/1099-	on amount of other d compensation is from the			
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)	orç	reiate ganiza		
1b	Sub-Total							<b>▶</b>							
	Total from continuation sheets	to Part VII, Sec	tion A	<del></del>	•	•		<b>F</b>		+					
d	Total (add lines 1b and 1c) .							►	84	,000	(	)		0	
2	Total number of individuals (inclu \$100,000 of reportable compens					ted	above	) who	received mor	e tha	n				
3	Did the organization list any <b>form</b> on line 1a? <i>If "Yes," complete Sch</i>				e, k	ey e	mploy •	ee, c	r highest com	pensa	ated employee	3	Yes	No No	
4	For any individual listed on line 1 organization and related organization.											4		No	
5	Did any person listed on line 1a services rendered to the organization.									tion o •	r individual for •	5		No	
Se1	Complete this table for your five \$100,000 of compensation from	highest comper the organizatio													
	or within the organization's tax y	(A) ne and business add	dress							Descri	(B) ption of services	C	(C) Compen		
												+			
	Fotal number of independent conti \$100,000 of compensation from t			ot lın	nited	to t	those	liste	d above) who r	eceiv	ed more than				

Form 990 (2011) Page Part VIII Statement of Revenue							
Part	<u> </u>	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514	
報	1a	Federated campaigns 1a					
e E	ь	Membership dues 1b					
ang.	С	Fundraising events 1c					
<u>#</u> #	d	Related organizations 1d  Government grants (contributions) 1e					
Sir Siri	e	All other contributions, gifts, grants, and 1f 45,000					
美	<b>'</b>	similar amounts not included above					
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f \$					
S ⊈	h	Total. Add lines 1a-1f	45,000				
<u> </u>		Business Code					
Werl	2a	ANNUAL FEES 541900	82,155	82,155			
æ	b	APPLICATION FEES 541900	,	66,754			
Program Service Revenue	С	RE-CERT FEES 541900	1,450	1,450			
	d e						
Ē	f	All other program service revenue					
ွိ	•						
	g 3	Total. Add lines 2a-2f	150,359				
		and other similar amounts)	122			122	
	4	Income from investment of tax-exempt bond proceeds $\dots$					
	5	Royalties					
	6a	(i) Real (ii) Personal Gross rents	-				
	ь	Less rental	1				
	c	expenses Rental income	1				
	d	or (loss)  Net rental income or (loss)	-				
		(i) Securities (ii) Other					
	7a	Gross amount from sales of assets other					
	ь	than inventory Less cost or	-				
		other basis and sales expenses					
	С	Gain or (loss)					
	d 8a	Net gain or (loss)					
nue	Oa	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
jer.	ь	Less direct expenses b	1				
ᅙ	С	Net income or (loss) from fundraising events	<u> </u>				
	9a	Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b	]				
	С	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances .					
	b	Less cost of goods sold <b>b</b>	j				
	С	Net income or (loss) from sales of inventory					
	11-	Miscellaneous Revenue Business Code					
	11a b						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See Instructions					
	l		195,481	150,359	l 0	122	

Form 990 (2011) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 84,000 67,200 16,800 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . 12,000 9,600 2,400 Other employee benefits . . . . . . 2,200 1,760 440 6,426 5,141 1,285 10 Fees for services (non-employees) 11 Management . . . . . Legal . . . . . . . . . 900 Accounting . . . . . . . 450 450 Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . Investment management fees . . . . . . g Other . . . . . . . . . . . . . 674 539 135 Advertising and promotion . . . 12 Office expenses . . . . 939 939 13 14 Information technology . . . . . 1,860 1,860 15 Royalties . . 2,237 1,790 447 16 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . . 4,601 4,601 20 21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization . . . . 976 781 195

255,481

228,792

Total functional expenses. Add lines 1 through 24f

е

25

All other expenses

26,689

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash—non-interest-bearing . . . . . . . . . 15,211 11,244 1 2 66,581 2 6,703 Savings and temporary cash investments . . . . . . 3 3 4 4.853 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 Inventories for sale or use . . . . . . 9 Prepaid expenses and deferred charges . . . . 10.075 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D 10b 7.983 3.068 2,092 b Less accumulated depreciation . . . . . 10c 11 11 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 12 13 Investments—program-related See Part IV, line 11 . . 13 14 14 15 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 89.713 16 20.039 524 **17 17** Accounts payable and accrued expenses . 18 18 9,150 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 25 D . . . . . 9,674 26 **Total liabilities.** Add lines 17 through 25 . . . . 26 Organizations that follow SFAS 117, check here ▶ ▼ and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 80,039 27 20,039 Temporarily restricted net assets . . . . . 28 28 or Fund 29 Permanently restricted net assets . . . . . 29 Organizations that do not follow SFAS 117, check here ▶ 

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 80.039 33 Total net assets or fund balances . . . . 33 20.039 34 89.713 20.039 Total liabilities and net assets/fund balances . . . . 34

Ра	Check if Schedule O contains a response to any question in this Part XI			.୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	195,48
2	Total expenses (must equal Part IX, column (A), line 25)	2			255,48
3	Revenue less expenses Subtract line 2 from line 1	3		-	-60,00
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			80,03
5	Other changes in net assets or fund balances (explain in Schedule O)	5			,
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6			20,03
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		<b>2</b> c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
_	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

# OMB No 1545-0047

# **Public Charity Status and Public Support**

Department of the Treasury Internal Revenue Service

h

**SCHEDULE A** 

(Form 990 or 990EZ)

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

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

Inspection

	Name of the organization LOW IMPACT HYDROPOWER INSTITUTE			ication n	ımber				
LOW	UTFACT	IIIDROFOWER INSTITUTE	94-3356689						
Pa	rt I	Reason for Public Charity Status (All organizations must complete this pa		tions					
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box							
1	Г	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).							
2	Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )							
3	Г	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A	A)(iii).						
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>secti</b> hospital's name, city, and state	on 170(b)(1)(A)(	( <b>iii).</b> Ente	r the				
5	Γ	An organization operated for the benefit of a college or university owned or operated by a question 170(b)(1)(A)(iv). (Complete Part II)	governmental unit	describe	d ın				
6	Г	A federal, state, or local government or governmental unit described in section 170(b)(1)	(A)(v).						
7	آح ا	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)		e general	public	:			
8	$\vdash$	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )							
9	Ĺ.	An organization that normally receives (1) more than 331/3% of its support from contribu	itions, membershi	n fees, ar	nd aro:	SS			
-	•	receipts from activities related to its exempt functions—subject to certain exceptions, and	•		_				
		its support from gross investment income and unrelated business taxable income (less se							
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part	•						
10	Г	An organization organized and operated exclusively to test for public safety. See <b>section 5</b>							
11	Ė	An organization organized and operated exclusively for the benefit of, to perform the funct one or more publicly supported organizations described in section 509(a)(1) or section 500 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated	ions of, or to carry 09(a)(2) See <b>sec</b> t 111h		a)(3).	Check			
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)							
f		If the organization received a written determination from the IRS that it is a Type I, Type I check this box		porting o	rganız	ation,			
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?				1			
		(i) a person who directly or indirectly controls, either alone or together with persons desc	ribed in (II)	44-7:5	Yes	No			
		and (III) below, the governing body of the the supported organization?		11g(i)		<u> </u>			
		(ii) a family member of a person described in (i) above?  (iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(ii) 11g(iii)		<del></del>			
		ting a 3370 controlled ellrity of a person described in (1) of (1) above,		I TTULIII)		1			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	on organization in col (i) listed in vour governing		(v) Did you not organizat col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Provide the following information about the supported organization(s)

instructions

	(Complete only if yo						
	under Part III. If the						
	ection A. Public Support		_		_		
Cal	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) 2011	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual					45,000	45,000
	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					45,000	45,000
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly						
	supported organization) included or	n					
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public Support. Subtract line 5 from	n					45,000
_	ection B. Total Support						•
	endar year (or fiscal year beginning	(-) 2007	(b) 2000	(-) 2000	(4) 2010	(-) 2011	(6) T - t - l
	ın)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	(e) 2011	(f) Total
7	A mounts from line 4					45,000	45,000
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties			384	863	122	1,369
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss	140	220				360
11	from the sale of capital assets <b>Total support</b> (Add lines 7						46.726
	through 10)						46,729
12	Gross receipts from related activiti					12	921,826
13	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second	, thırd, fourth, or f	fifth tax year as a	501(c)(3) organi	zation, ▶□
	encek and box and beep nere						-,
	ection C. Computation of Pul						
14	Public Support Percentage for 201	,	•	11 column (f))		14	96 300 %
15	Public Support Percentage for 201	·	•			15	99 810 %
16a	<b>33 1/3% support test—2011.</b> If the and <b>stop here.</b> The organization qua	-		· ·	line 14 is 33 1/3%	% or more, check	this box <b>►</b> ▼
b	33 1/3% support test—2010. If the				sa, and line 15 is	33 1/3% or more,	. ,
	box and <b>stop here.</b> The organizatio				12 16 16	h d l d d	<b>►</b> □
r/a	10%-facts-and-circumstances test is 10% or more, and if the organiza						
	ın Part IV how the organization med						
h	organization 10%-facts-and-circumstances test	2010 Ifthe area	anization did not a	hack a hav an lir	na 13 165 16h	or 17a and line	▶□
U	15 is 10% or more, and if the organ						
	Explain in Part IV how the organiza						
18	supported organization <b>Private Foundation</b> If the organizat	tion did not check	a box on line 13.	16a, 16b. 17a o	r 17b, check this	box and see	▶┌

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493174001242

OMB No 1545-0047

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

f the organization answered "Ye	es," to Form 990, Part I\	/, Line 3, or Form 990-EZ	, Part V, line 46 (Political (	Campaign Activities),
hen				

- ◆ 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

f <b>the</b>	e organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 ction 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part I ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete	l-A Dor	not co	mplete	e Part I⊩B	
	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line	e 35c (F	<sup>2</sup> roxy	/ Tax),	, then	
	ction 501(c)(4), (5), or (6) organizations Complete Part III					
	me of the organization  IMPACT HYDROPOWER INSTITUTE	mploye	rıder	ntificat	tion numbe	er
		4-3356	5689			
ar	I-A Complete if the organization is exempt under section 501(c) or is a s	ection	527	org ,	anizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities on beh in opposition to candidates for public office in Part IV	alf of or				
2	Political expenditures	•	F	\$		
3	Volunteer hours					
<u>Par</u>	t I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955			\$ <u> </u>		
2	Enter the amount of any excise tax incurred by organization managers under section 4955		•	\$		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?				☐ Yes	┌ No
4a	Was a correction made?				┌ Yes	┌ No
b	If "Yes," describe in Part IV					
ar	II-C Complete if the organization is exempt under section 501(c) except s	ection	า 50	1(c)(	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function act	ivities	<b>F</b>	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 5 exempt funtion activities	27	<b>•</b>	\$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 1	7 b	•	\$		
4	Did the filing organization file Form 1120-POL for this year?				☐ Yes	┌ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organization made payments. For each organization listed, enter the amount paid from the filing of amount of political contributions received that were promptly and directly delivered to a separate separate segregated fund or a political action committee (PAC). If additional space is needed, pro-	rganızat politica	ion's il orga	funds anızatı	Also ente ion, such a	r the

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

**f** Grassroots lobbying expenditures

ch	nedule C (Form 990 or 990-EZ) 2011					Page <b>2</b>
Pa	cart II-A Complete if the organization in under section 501(h)).	is exempt under	section 501(	c)(3) and fi	led Form 5768	(election
<u> </u>	Check   If the filing organization belongs to an	affiliated group (and	lıst ın Part IV ea	ch affiliated gro	oup member's name	e, address, EIN,
	expenses, and share of excess lobby					
<u> </u>	Check If the filing organization checked box	A and "limited contro	l" provisions app	ly		
	Limits on Lobbying Ex	penditures			(a) Filing	(b) Affiliated
	(The term "expenditures" means amo		.)		O rganization's Totals	Group Totals
la	Total lobbying expenditures to influence public op	inion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legislat	tive body (direct lobby	yıng)			
C	Total lobbying expenditures (add lines 1a and 1b)	)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	and 1d)				
f	Lobbying nontaxable amount Enter the amount fro	om the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	able amount is:			
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of line	: 1f)				
h	Subtract line 1g from line 1a If zero or less, enter	r-0-				
	Subtract line 1f from line 1c If zero or less, enter					
	If there is an amount other than zero on either line section 4911 tax for this year?		organization file	Form 4720 rep	porting	┌ Yes ┌ No
	(Some organizations that made a s columns below. See the	e instructions fo	ection do not r lines 2a thr	have to co ough 2f on	page 4.)	e five
_	Lobbying Expe	nditures During	4-Year Avera	ging Period	<u> </u>	
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	(d) 2011	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

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

	(election amaer economico_(m//)	(a)		(b)		
		Yes	No	_ A	moun	t
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?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), (			1
			_		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?		L	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ction	1
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				

# 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

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 expenditure next year?

5 Taxable amount of lobbying and political expenditures (see instructions)

# 3 4 5

### Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Explanation of Other Lobbying Activities	Part II-B, Line 1i	NO LOBBYING DONE IN PRIOR OR SUBSEQUENT YEARS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493174001242

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

Interna	, , , , ,	Form 990. ► See separate instructions.	- <b></b>		Inspec	tion
	me of the organization		Emplo	yer identificat	ion numbe	er
LOV	V IMPACT HYDROPOWER INSTITUTE		94-33	356689		
Pa	rt I Organizations Maintaining Donor A				Comple	te if the
	organization answered "Yes" to Form 9	(a) Donor advised funds	/ h	) Funds and ot	haraccau	ntc
1	Total number at end of year	(a) Donor advised funds	(0	) Funds and ot	ner accou	nts
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advis	ed	┌ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit			purpose	┌ Yes	┌ No
Pa	rt III Conservation Easements. Complete	e if the organization answered "Yes"	to Form	990, Part IV,	line 7.	
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	tion or pleasure)	certified	historic structi		a
				Held at the I	nd of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easement	TS .	2b			
C	Number of conservation easements on a certified hi	` '	2c			
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d			
3	Number of conservation easements modified, transf	ferred, released, extinguished, or terminat	ed by the	organization d	uring	
4	Number of states where property subject to conserv	vation easement is located ►				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ndling of v	iolations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, ins	specting and enforcing conservation easer	ments dui	ing the year ►		
7	A mount of expenses incurred in monitoring, inspect  \$\blue{\text{*}} \\$	ting, and enforcing conservation easement	ts during	the year		
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of se	ction		┌ Yes	┌ No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	f the footnote to the organization's financia	•	•		
Par	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures,	or Oth	er Similar A	ssets.	
1a	If the organization elected, as permitted under SFA: art, historical treasures, or other similar assets helprovide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resear	rch in furt			e,
b	If the organization elected, as permitted under SFA: historical treasures, or other similar assets held for provide the following amounts relating to these item	r public exhibition, education, or research				
	(i) Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
2	If the organization received or held works of art, his following amounts required to be reported under SFA		for financ			
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$		

**b** Assets included in Form 990, Part X

<b>2011</b>	<b>TIL</b> Organizations Maintaining Co	liections of Art,	, HIS	tori	<u>cai ireasur</u>	es, or Ut	ner	Similar As	sets	_(con	tinuea)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne fol	lowing that are	a significar	nt us	e of its collect	ion		
а	Public exhibition		d	Γ	Loan or exch	ange progra	ms				
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n hov	w the	y further the or	rganızatıon's	sexe	empt purpose i	n		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								– <sub>Ye</sub>	:S	□ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an					answered	"Ye	s" to Form 9	90,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					r other asse	ts n		– Ye	:S	□ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	follow	ving t	able			A			
_						H.	_	Am	ount		
q	Beginning balance					<b>—</b>	lc				
d	Additions during the year						Ld				
e •	Distributions during the year					<u> </u>	Le				
f -	Ending balance					Ľ	Lf				
2a	Did the organization include an amount on Fo		217	1				'	_ Ye	S	No
b	If "Yes," explain the arrangement in Part XIV				- d   V   t F	000 I	D =t	T) / line 10			
Ра	rt V Endowment Funds. Complete	tne organization (a)Current Year		)Prior					<b>(e)</b> Fo	ur Yea	ars Back
1a	Beginning of year balance	,		<u>,                                     </u>			<u>, ,                                   </u>		<del>. , _</del>		
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held a	s								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiza	tion	that	are held and ac	dministered	for t	he	_		
	organization by							[a-7	-	'es	No
	(i) unrelated organizations						•	3a(	-	$\dashv$	
ь	(ii) related organizations				· · · · · · · · · · · · · · · · · · ·		• •	3b		$\dashv$	
4	Describe in Part XIV the intended uses of th	•									
Par	t VI Land, Buildings, and Equipme	ent. See Form 990	0, Pa	art X	, line 10.						
	Description of property				a) Cost or other asis (investment)	(b)Cost or o basis (other		(c) Accumulate depreciation	d (	d) Bo	ok value
1a	Land		ı								
b	Buildings										
c	Leasehold improvements										
d	Equipment					4,	,410	4,4	10		(
е	Other					5,	,665	3,5	573		2,092
Гotа	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colum	nn (B	), line	10(c).)			►			2,092

Part VIII Investments—Other Securities. See F	orm 990, Part X, line 1.		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	(D)Book Turae	Cost or end-of	year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			_
			_
		+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
		2 1 2 2 1 2 1 4 1 4 4	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
	e 15.		
Part IX Other Assets. See Form 990, Part X, lin			(h) Book value
			<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin			<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, lin			(b) Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Description	tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Description  (b) Should equal Form 990, Part X, col.(B) line 15	5.)	, , , , , <b>,</b>	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Description  (b) Should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Description  (b) Should equal Form 990, Part X, col.(B) line 15	5.)		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im  (a) Description  (b) Should equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)	, , , , , <b>b</b>	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	5.)		(b) Book value

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	7	
		8	
	Other (Describe in Part XIV)		
	Total adjustments (net) Add lines 4 - 8	9	
)	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
14	Reconciliation of Revenue per Audited Financial Statements With Revenue p		eturn
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
)	Donated services and use of facilities		
:	Recoveries of prior year grants		
ı	Other (Describe in Part XIV)		
•	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
	Other (Describe in Part XIV)		
	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
rt	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
	Total expenses and losses per audited financial statements	1	
	A mounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities		
)	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIV) 2d		
:	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
•	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
•	Other (Describe in Part XIV)		
	Add lines <b>4a</b> and <b>4b</b>	4c	
3			
!	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	

Identifier Return Reference Explanation

additional information

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493174001242

OMB No 1545-0047

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
LOW IMPACT HYDROPOWER INSTITUTE

Employer identification number

94-3356689

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	THE 990 IS NOT PROVIDED TO THE BOARD PRIOR TO FILING IT IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING
	Form 990, Part VI, Section B, line 12c	DISCLOSURE IS REQUIRED AT TIME OF DISCUSSION OF ANY NEW PROJECTS UPDATES ARE MADE (IF ANY) AT MONTHLY BOARD MEETINGS
	Form 990, Part VI, Section B, line 15a	BOARD REVIEWS AND DETERMINES EXECUTIVE DIRECTOR COMPENSATION EXECUTIVE DIRECTOR IS SOLE EMPLOYEE.
	Form 990, Part VI, Section C, line 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

## **Additional Data**

Software ID:

**Software Version: EIN:** 94-3356689

Name: LOW IMPACT HYDROPOWER INSTITUTE

Form 990, Special Condition Description:

**Special Condition Description** 

Form **990** 

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-0047

Open to Public Inspection

13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0   0   0     14   Benefits paid to or for members (Part IX, column (A), line 4)   0   0   0     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   94,200   95,320     16a   Professional fundraising fees (Part IX, column (A), line 11e)   0   0     15   Total fundraising expenses (Part IX, column (A), line 11e)   0   0     16   Total fundraising expenses (Part IX, column (A), line 25)   0     17   Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)   84,093   220,356     18   Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   178,293   315,676     19   Revenue less expenses Subtract line 18 from line 12   46,256   -10,663     20   Total assets (Part X, line 16)	A Fo	r the 2	010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010			
Address change   Dang Baumers &   Dang Baumers &   Telephone number   Telephone number   Dang Baumers &   Dang Baumers &   Telephone number   Dang Baumers &   Dang Baumers &			C Name of organization		D Employe	r identification number
Total retained   Tota			LOW IMPACT HIDROPOWER INSTITUTE		94-335	6689
Number of voting members of the governing body (Part VI, line 1a)   10   10   10   10   10   10   10   1	┌ <sub>Na</sub>	me chan	Doing Business As		F Telephor	ne number
APPLICATION				In / .		
Application periodic   Form home, state or country, and ZTP = 4   PORTLAND, NE 04103	_		Number and street (or F or box if mail is not delivered to street address)	Room/suite	(207) 7	73-8190
Part	_		City or town, state or country, and 7ID ± 4		<b>G</b> Gross reco	eipts \$ 305,013
F.   Home and address of principal officer   FRED NEE   34 PROVIDERICE STREET   PORTLAND, ME 04103     Tax-exempt status	_		PORTLAND, ME 04103			
Total covered status	ј Ар	olication				
34 PRO VIDENCE STREET   PORTLAND, ME 04103   Missister of 10 PRILAND, MISSISTER OF 10 PRILA			· · · ·	H(a) Is this a	group return for a	ffiliates? Yes No
Taxe exempt status			34 PROVIDENCE STREET	<b>H(b)</b> Are all a	affiliates includ	ed? Eyes ENo
Tax-exempt status			PORTLAND, ME 04103	• •		•
Part   Summary	Ta Ta	x-exemp	ot status	_	•	,
Part   Summary		ebsite:	► WWW LOWIMPACTHYDRO ORG			
Part   Summary				1		I
1 Briefly describe the organization's mission or most significant activities   REDUCE THE ENVIRONMENTAL IMPACT OF HYDROPOWER GENERATION			<u> </u>	L Year of for	mation 2001	M State of legal domicile CA
REDUCE THE ENVIRONMENTAL IMPACT OF HYDROPOWER GENERATION	Pa					
2   Check this box		1	·			
Net unrelated business revenue from Form 990-T, line 34 .   7b	3					
Net unrelated business revenue from Part VIII, column (C), line 12	듄	_				
Net unrelated business revenue from Part VIII, column (C), line 12	ē.		haalishaa hay <b>b</b>	f	-0/ -5·t	
Net unrelated business revenue from Part VIII, column (C), line 12	ŝ		·		1	1
Net unrelated business revenue from Part VIII, column (C), line 12	<b>×</b> 5					
Net unrelated business revenue from Part VIII, column (C), line 12	<u>≅</u>				<u> </u>	
Net unrelated business revenue from Part VIII, column (C), line 12	Ē				<u> </u>	
B   Net unrelated business taxable income from Form 990-T, line 34	<u>ម្</u>					
8 Contributions and grants (Part VIII, line 1h)			, , , , , , , , , , , , , , , , , , , ,		<u> </u>	
8   Contributions and grants (Part VIII, line 1h)		<b>.</b>	ot america pasmess taxable meeme nomi roim 330 1, inte 31 1	Prior		
9		8	Contributions and grants (Part VIII line 1h)	1		
10   Investment income (Part VIII, column (A), lines 3, 4, and 7d)	≗					<u> </u>
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Yen	_			,	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	걆					+
12)						
14 Benefits paid to or for members (Part IX, column (A), line 4)			12)		224,549	305,013
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- 10)  16a Professional fundraising fees (Part IX, column (A), line 11e)		13				
10) 94,200 95,320  16a Professional fundraising fees (Part IX, column (A), line 11e)		14			(	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	82	15		-	94,200	95,320
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	ž *	16a	,			<del> </del>
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>₹</b>	l <u>.</u>				
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	لث				84.093	3 220.356
19 Revenue less expenses Subtract line 18 from line 12						<u> </u>
Beginning of Current Year  20 Total assets (Part X, line 16)						<del>'</del>
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including acco	90 8 90 6 90 6 90 8				of Current	
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including acco	100	20	Total assets (Part X, line 16)			2 89,713
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including acco	A.A.				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including acco	žÏ					· · · · · ·
Under penalties of perjury, I declare that I have examined this return, including acco	Pa				, 	<u>'</u>
	Unde	r penalt	ies of perjury, I declare that I have examined this return, including acco			

knowledge.

	*****		
Sign	Signature of officer		
Here	FRED AYER EXECUTIVE DIRECTOR		
	Type or print name and title		
	Print/Type preparer's name Sally-Alane Fox	Preparer's signature	Sally-Alane F
Paid	Firm's name F Keirstead & Fox PA	•	
Preparer	Firm's address 2 Church Street		
Use Only	Tillins address		
	Westbrook, ME 040923422		

May the IRS discuss this return with the preparer shown above? (see instruction

Form	990 (2010)				Page 2
Par			e Accomplishments nse to any question in this Part I.	II	
1	Briefly describe th	he organization's mission			
RED	JCE THE ENVIRON	NMENTAL IMPACT OF HY	DROPOWER GENERATION THR	OUGH THE CERTIFICATION	N OF HYDROPOWER
			THEIR ENVIRONMENTAL IMP	ACT PURSUANT TO THE LO	W HYDROPOWER
INST	ITUTE'S CRITERI	Α			
	Did the organization	on undertake any significa	nt program services during the ye	ar which were not listed on	
_	the prior Form 990	or 990-EZ?			┌ Yes ┌ No
	If "Yes," describe	these new services on Sch	iedule O		
3	_	= :	ake significant changes in how it o	conducts, any program	E., E.,
					┌ Yes ┌ No
	If "Yes," describe	these changes on Schedul	e O		
4	Section 501(c)(3)	and 501(c)(4) organization	for each of the organization's thre ons and section 4947(a)(1) trusts d revenue, if any, for each progran	are required to report the am	
4a	(Code	) (Expenses \$	285,485 including grants of \$	) (Revenue \$	304,150 )
	CERTIFICATION OF H	HYDROPOWER FACILITIES AS LO	W IMPACT PROVIDE CONSULTING SERVI	CES TO HYDROPOWER FACILITIES	
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	-				
	Other program se	ervices (Describe in Sche	dule O )		
	(Expenses \$	•	ding grants of \$	) (Revenue \$	)
 4е	Total program se	rvice expenses►\$	285,485		
		<del></del>	= , ·		

Part IV	Checklist	of Rec	uired	Schedules

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

1 011111	990 (2010)			Page -
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νo
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		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes Vo			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

G. I	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 6			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0	.		
:	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
	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			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	3.5	V	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		N c
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
)	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N c
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N c
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N c
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b	1		
	facilities	1		
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	124		
	year 12b	.		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states			
	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			
	Enter the amount of reserves on hand			
1	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	H		

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

<u>Se</u>	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		Νο
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		
17				
18	List the States with which a copy of this Form 990 is required to be filed CA  Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply			

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 FRED AYER 34 PROVIDENCE STREET

PORTLAND, ME 04103 (207) 773-8190

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

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

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

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

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

atıon nor any re	lated or	ganı	zatio	nco	mpen	sate	d any current office	r, director, or trust	e e	
(B) A verage hours per week (describe hours for related organizations in Schedule O)		tion (	(che		I		(D) Reportable compensation from the organization (W- 2/1099-MISC)	<b>(E)</b> Reportable compensation	(F) Estimated amount of other	
	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		rrom related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
1 00	х		х				0	0	0	
1 00	х		х				0	0	0	
1 00	х		х				0	0	0	
50	х						0	0	0	
50	х						0	0	0	
50	х						0	0	0	
50	х						0	0	0	
50	х						0	0	0	
50	х						0	0	0	
50	х						0	0	0	
40 00			х				80,000	0	9,200	
	(B) A verage hours per week (describe hours for related organizations in Schedule O)  1 00  1 00  1 00  50  50  50  50  50  50	(B) A verage hours per week (describe hours for related organizations in Schedule O)  1 00	(B) A verage hours per week (describe hours for related organizations in Schedule O)  1 00	(B) A verage hours per week (describe hours for related organizations in Schedule O)  1 00	(B) A verage hours per week (describe hours for related organizations in Schedule O)  1 00	(B) A verage hours per week (describe hours for related organizations in Schedule O)  1 00  X  X  1 00  X  X  1 00  X  50  X	(B) A verage hours per week (describe hours for related organizations in Schedule O)  1 00	(B) A verage hours per week (describe hours for related organizations in Schedule O)  1 00	A verage hours per week (describe hours for related organizations in Schedule O)	

\$100,000 in compensation from the organization ▶0

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

Na	(A) me and Title	(B) Average hours per	(C) Position (check all that apply)						( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related		Estima imount o	<b>(F)</b> Estimated ount of other mpensation	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from t rganızatı relat organıza	the ion and ed	
b Sub-Tot	al							<b>+</b>						
c Total fr	om continuation sheets	to Part VII, Sec	tion A			•	<u> </u>							
d Total (a	dd lines 1b and 1c) .			•	•	•		<u> </u>	80,000		)		9,200	
	mber of individuals (incl 10 in reportable compen					ted	above)	) who	received more tha	n			<b>-</b>	
	organization list any <b>for</b> i	· ·					mploy	ee, o	or highest compensa	ated employee		Yes	No	
on line 1a? If "Yes," complete Schedule J for such individual									from the	3		Νo		
	tion and related organiz										4		No	
	person listed on line 1a rendered to the organiz						•		-	r individual for	5		Na	
								,			5		No	
	. Independent Con									#1				
	e this table for your five 10 of compensation from	the organizatio		indep	ende	ent c	ontrac	tors	that received more					
	Nan	( <b>A</b> ) ne and business add	dress						Descri	(B) ption of services	_	(C Comper		
									1					
											$\dashv$			

		2010)					P	age <b>9</b>
Part \	<u>/++</u>	Statement of Reven	ue		(A)	(B)	(C)	(D)
					Total revenue		Unrelated business	
						exempt		exclude
						function		from tax
						revenue		under
								sections
								512,
								513, or 514
\$ \$	1a	Federated campaigns	<b>1</b> a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues	. 1b					
s, g ≣i	c	Fundraising events	1c					
žž.		Related organizations						
s, ç mi		Government grants (contributions)						
ion r si								ļ
te et	f	All other contributions, gifts, grants similar amounts not included above	s, and <b>1f</b> e					
ntri do	g	Noncash contributions included in li	nes 1a-1f \$					
a T	h	Total. Add lines 1a-1f	<b></b>					
				Business Code				
nue	2a	APPLICATION FEES		541900	240,800	240,800		
Program Service Revenue				541900	62,185	62,185		
e l	С	RE-CERT FEES		541900	1,165	1,165		
er vi	d							
30	е							
graf	f	All other program service re	venue					
<b>)</b>	а	Total. Add lines 2a-2f			304,150			
	3	Investment income (including			30 1,130			
		and other similar amounts)			863			86
	4	Income from investment of tax-ex						
	5	Royalties						
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gaın or (loss)		·				
ne	8a	Gross income from fundraisi	ng events					
Other Revenue		(not including ⊄						
Ę.		of contributions reported on						
4		See Part IV, line 18	а					
Ĭ	h	Loss direct expenses	_					
,		Less direct expenses . Net income or (loss) from fu						
			ctivities See Part IV, line 19 . a	<del>.  </del>				
				ь				
		Net income or (loss) from ga		<b>-</b>				
		Gross sales of inventory, les						
		returns and allowances .	2					
	L	loop post of	a					
		Less cost of goods sold .  Net income or (loss) from sa						
		Miscellaneous Revenue	nes of inventory	Business Code				
	11a			Dusiness code				
	ь		<u> </u>					
								-
	6							<del>                                     </del>
		All other revenue	•					<del> </del>
	_	• Total. Add lines 11a-11d						
	12	Total revenue. See Instructi	ons					
	_				305.013	304,150	1 0	86

# Part IX Statement of Functional Expenses

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

А	i other organizations must complete column (A) but are not required to c	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21									
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	89,200	71,360	17,840						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages									
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)									
9	Other employee benefits									
.0	Payroll taxes	6,120	4,896	1,224						
а	Fees for services (non-employees) Management									
ь	Legal	906	812	94						
c	Accounting	2,200	1,100	1,100						
d	Lobbying									
e	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
g	Other	646	517	129						
2	Advertising and promotion									
3	Office expenses	1,597		1,597						
4	Information technology	1,875	1,875							
5	Royalties									
5	Occupancy	1,815	1,452	363						
7	Travel									
8	Payments of travel or entertainment expenses for any federal, state, or local public officials									
9	Conferences, conventions, and meetings	20,448	16,358	4,090						
D	Interest									
1	Payments to affiliates									
2	Depreciation, depletion, and amortization	976	781	195						
3	Insurance	3,250		3,250						
4	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)									
а	CONTRACT SERVICES	186,334	186,334							
b	POSTAGE	269		269						
c	STATE FILING FEES	40		40						
d										
e										
f	All other expenses									
:5	Total functional expenses. Add lines 1 through 24f	315,676	285,485	30,191						
6	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a									

Form 990 (2010) Page **11** Part X Balance Sheet (B) (A) Beginning of year End of year 44,790 1 Cash—non-interest-bearing . . . . . . . . . . . . 15,211 125.368 2 66,581 2 Savings and temporary cash investments . . . . . . 3 3 16,150 4 4.853 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 8 8 Prepaid expenses and deferred charges . . . . 9 10,075 10a Land, buildings, and equipment cost or other basis Complete Part 10a VI of Schedule D 10b 7.007 4.044 3,068 b Less accumulated depreciation . . . . . 10c 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 190.352 16 89.713 425 524 17 17 Accounts payable and accrued expenses . 18 18 99.225 9,150 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities Complete Part X of Schedule D . . . . . 25 99.650 26 Total liabilities. Add lines 17 through 25 . . . . 26 9.674 Organizations that follow SFAS 117, check here 🕨 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 90,702 27 Unrestricted net assets . . . . 27 80,039 28 28 Temporarily restricted net assets . . . . . Fund 29 Permanently restricted net assets . . . . . 29 Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 90,702 80,039 33 Total net assets or fund balances . . . . 33 34 Total liabilities and net assets/fund balances . . . . . 190.352 89.713 34

<b>14</b> 01	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)				
		1		3	305,01
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	315,67
3	Revenue less expenses Subtract line 2 from line 1	3			-10,66
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			,
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6			80,03
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
Ь	Were the organization's financial statements audited by an independent accountant?	[	2b		Νο
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is	ssuad			
u	on a separate basis, consolidated basis, or both	ssueu			
	Separate basis Consolidated basis Both consolidated and separated basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

**Employer identification number** 

## 93493318010271

OMB No 1545-0047

2010

Open to Public Inspection

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

LOW IMPACT HYDROPOWER INSTITUTE

94-3356689

Part	31	Reas	on for Pu	blic Charity Stat	t <b>us</b> (All org	anızatıons	must comp	lete this p	art.) See ın	structions	
he or	ganız	zation is	not a privat	e foundation becaus	eıtıs (Forli	nes 1 throu	gh 11, check	only one bo	x )		
1	$\sqcap$	A churc	h, conventi	on of churches, or as	sociation of	churches de	scribed in <b>se</b>	ection 170(b	)(1)(A)(i).		
2	Γ	A school	ol described	I in <b>section 170(b)(1</b>	)( <b>A</b> )(ii). (A ti	tach Schedu	le E)				
3	Г	A hospi	tal or a coo	perative hospital ser	vice organiz	atıon descrıl	bed in <b>sectio</b> i	n 170(b)(1)	(A)(iii).		
4	Γ			n organization operat ty, and state	ed in conjund	ction with a l	hospital desc	rıbed ın <b>sec</b>	tion 170(b)(1	L)( <b>A</b> )(iii). Er	nter the
5	Γ	An orga	nızatıon op	erated for the benefit	of a college	or universit	y owned or op	perated by a	governmenta	al unit descr	ıbed ın
	_			A)(iv). (Complete Pa	-						
6		A feder	al, state, or	local government or	government	al unit descr	ibed in <b>sectio</b>	on 170(b)(1	)(A)(v).		
7	<b>✓</b>	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	Г			described in section		<b>A)(vi)</b> (Com	plete Part II	)			
9	_		•	at normally receives			•	-	outions, mem	bership fees	, and gross
				ities related to its ex							
		ıts supp	ort from gro	oss investment incor	me and unrel	ated busines	ss taxable ind	come (less s	section 511 t	ax) from bus	sinesses
		acquire	d by the org	janization after June	30,1975 S	ee <b>section 5</b>	<b>09(a)(2).</b> (Co	omplete Par	t III )		
0	Γ	An orga	nızatıon org	janized and operated	exclusively	to test for p	ublic safety	See <b>section</b>	509(a)(4).		
1	Γ	one or r	nore publicl	ganized and operated ly supported organiza bes the type of supp <b>b</b> Type II	atıons descri ortıng organı	bed in section and c	on 509(a)(1)	or section 5 s 11e throug	509(a)(2) Se gh 11h	e section 50	
e f	Γ	other th section If the o	an foundatı 509(a)(2) rganızatıon	ox, I certify that the on managers and oth received a written de	ner than one	or more publ	icly supporte	ed organizat	ions describe	d in section	509(a)(1) or
g		followin	ugust 17, 2 g persons?	2006, has the organi	•						Yes No
				governing body of the					` ,	11g(	
		(ii) a fa	mily membe	er of a person describ	oed in (i) abo	ve?				11g(i	
		(iii) a 3	5% control	led entity of a persor	n described i	n (ı) or (ıı) al	bove?			11g(i	iii)
h		Provide	the followir	ng information about	the supporte	d organizati	on(s)				
s١	(i) lame uppor anıza	of	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	e ion in anized	(vii) A mount of support
				instructions))	Yes	No	Yes	No	Yes	No	
otal											

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

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

	under Part III. If the ection A. Public Support	organization f	alls to qualify u	nder the tests i	listed below, pie	ease co	mpiete i	art III.)
	endar year (or fiscal year beginning	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2	2010	<b>(f)</b> Total
1	ın) <b>►</b> Gıfts, grants, contributions, and					. ,	+	
_	membership fees received (Do not	93,060	6 108,297	134,855	224,165		304,150	864,533
	include any "unusual grants ")	ŕ		,			·	ŕ
2	Tax revenues levied for the							
_	organization's benefit and either							
	paid to or expended on its							
_	behalf The value of services or facilities							
3	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	93,06	6 108,297	134,855	224,165		304,150	864,533
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	<b>Public Support.</b> Subtract line 5 from line 4							864,533
S	ection B. Total Support						<u> </u>	
	endar year (or fiscal year beginning	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2	010	(f) Total
	ın) 🟲	` '				(0) 2		
7	A mounts from line 4	93,066	108,297	134,855	224,165		304,150	864,533
8	Gross income from interest, dividends, payments received on							
	securities loans, rents, royalties				384		863	1,247
	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	34	440	220				204
	or loss from the sale of capital assets (Explain in Part IV )	31	140	220				391
11	Total support (Add lines 7							
	through 10)							866,171
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12		
13	First Five Years If the Form 990 is	for the organizati	on's first, second,	third, fourth, or f	ıfth tax year as a	501(c)(	3) organız	ation,
	check this box and <b>stop here</b>							<b>►</b> □
S	ection C. Computation of Pub	olic Support P	ercentage					
14	Public Support Percentage for 2010			11 column (f))		14		99 810 %
15	Public Support Percentage for 2009			( //		15		99 890 %
	33 1/3% support test—2010. If the	•	·	on line 13 and l	ine 14 is 33 1/3%		L chackt	
LUG	and <b>stop here.</b> The organization qua	-			IIIE 14 13 33 1/37	01 111016	e, check t	<b>▶</b> ▼
b	33 1/3% support test - 2009. If the	organization did	not check the box	on line 13 or 16	a, and line 15 is	3 3 1/3%	or more,	check this_
	box and <b>stop here.</b> The organization							▶□
17a	10%-facts-and-circumstances test- is 10% or more, and if the organiza	_						
	in Part IV how the organization mee							ed
	organization			_	•	•		<b>▶</b> □
b	10%-facts-and-circumstances test-	_						
	15 is 10% or more, and if the organ Explain in Part IV how the organiza							
	supported organization	tion meets the 16	acts and Circuitist	unces test file	organization qua	iiiles as	a publicly	<b>►</b> □
18	Private Foundation If the organizat	ion did not check	a box on line 13,	16a, 16b, 17a oi	r 17b, check this	box and	see	•
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (f) Total (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part 13 Total support (Add lines 9, 10c, First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15

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

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493318010271

## OMB No 1545-0047

## **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Political Campaign and Lobbying Activities** 

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

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

Open to Public Inspection

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

- ◆ 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," to 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

lf th		t have NOT filed Form 5768 (elections, "to Form 990, Part IV, Line 5 sations Complete Part III			
	me of the organization	·		Employer iden	tification number
LOV	N IMPACT HYDROPOWER INSTITUTE			94-3356689	
Par	t I-A Complete if the or	ganization is exempt und	er section 501(	c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect po	olitical campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt und	er section 501(	c)(3).	
1		e tax incurred by the organization			\$
2	Enter the amount of any excise	e tax incurred by organization ma	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt und	er section 501(	c) except section 501	L(c)(3).
1	Enter the amount directly expe	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$
2	<del>-</del>	organization's funds contributed to	o other organization	s for section 527	
	exempt funtion activities			•	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter he	ere and on Form 112	20-POL, line 17b ►	\$
4	Did the filing organization file $oldsymbol{I}$	Form 1120-POL for this year?			┌ Yes ┌ No
5	organization made payments l amount of political contribution	nd employer identification number For each organization listed, ente ns received that were promptly ar political action committee (PAC)	r the amount paid front and directly delivered	om the filing organization's f to a separate political orga	funds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exe	empt under	section 501(c	)(3) and file	ed Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box			l" provisions appl	· ·		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expend	litures			(a) Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (	grass roots lob	byıng)			Ì
b	Total lobbying expenditures to influence a legisla	atıve bo	dy (dırect lobby	ring)	Γ		
c	Total lobbying expenditures (add lines 1a and 1b	b)			Γ		
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and 1	i)				
f	Lobbying nontaxable amount Enter the amount f	from the	following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000		bbying nontaxa the amount on lin				
	Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the	e excess over \$500,00	10		
	Over \$1,000,000 but not over \$1,500,000	\$175,0	00 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,0	00 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000	,000				
		•					
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)					
h	Subtract line 1g from line 1a If zero or less, ente	er -0-					
i	Subtract line 1f from line 1c If zero or less, ente	er-0-			L		
j	If there is an amount other than zero on either lir section 4911 tax for this year?	ne 1h or	line 11, did the	organization file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See th	sectio	n 501(h) ele		have to con		ne five
	Lobbying Exp	enditu	res During 4	4-Year Avera	ging Period	Т	T
	Calendar year (or fiscal year beginning in)		<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	(e) Total
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
c	Total lobbying expenditures						
d	Grassroots non-taxable amount						

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

	(======================================	(;	(a)		(b)	
		Yes	No	A	moun	t
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?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
ь	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), o	r se	ctio	n
1	Were substantially all (90% or more) dues received nondeductible by members?			1	Yes	No
2			$\vdash$	2		
_	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?		$\vdash$	3		
3		F04/-	\ <u>\</u>			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part answered "Yes".				CTIO	ת
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political					

Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

Current year
Carryover from last year
C Total
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

Jeff patrons were continued the amount on line 3 wheth particle of the average of

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

# Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information

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

Ident if ier	Return Reference	Explanation
Explanation of Other Lobbying Activities	Part II-B, Line 11	NO LOBBYING DONE IN PRIOR OR SUBSEQUENT YEARS

4

5

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DLN: 93493318010271

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

Open to Public

al Revenue Service ► Attach to Form 990. ► See separate instructions.	Inspection
me of the organization W IMPACT HYDROPOWER INSTITUTE	Employer identification number
TAILTON ON THE MENTION	94-3356689
organizations Maintaining Donor Advised Funds or Other Similar Forganization answered "Yes" to Form 990, Part IV, line 6.	unds or Accounts. Complete if th
(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year	
Aggregate contributions to (during year)	
Aggregate grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the assets held in don funds are the organization's property, subject to the organization's exclusive legal control?	nor advised <b>Yes No</b>
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds used only for charitable purposes and not for the benefit of the donor or donor advisor, or for an conferring impermissible private benefit	ny other purpose Yes No
rt II Conservation Easements. Complete if the organization answered "Yes" to	o Form 990, Part IV, line 7.
Protection of natural habitat  Preservation of a company of the preservation of the	n historically importantly land area
Complete lines 2a-2d if the organization held a qualified conservation contribution in the form easement on the last day of the tax year	Held at the End of the Year
Total number of conservation easements	2a
Total acreage restricted by conservation easements	2b
Number of conservation easements on a certified historic structure included in (a)	2c
Number of conservation easements included in (c) acquired after 8/17/06	2d
Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by the organization during
the taxable year 🛌	,g
Number of states where property subject to conservation easement is located 🕨	
Does the organization have a written policy regarding the periodic monitoring, inspection, hand enforcement of the conservation easements it holds?	dling of violations, and Yes No
Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easem	nents during the year ►
A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	s during the year 🟲 \$
Does each conservation easement reported on line 2(d) above satisfy the requirements of sec 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	TYes No
In Part XIV, describe how the organization reports conservation easements in its revenue and balance sheet, and include, if applicable, the text of the footnote to the organization's financial the organization's accounting for conservation easements	•
Organizations Maintaining Collections of Art, Historical Treasures, Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	or Other Similar Assets.
If the organization elected, as permitted under SFAS 116, not to report in its revenue stateme art, historical treasures, or other similar assets held for public exhibition, education or researce provide, in Part XIV, the text of the footnote to its financial statements that describes these it	ch in furtherance of public service,
If the organization elected, as permitted under SFAS 116, to report in its revenue statement a historical treasures, or other similar assets held for public exhibition, education, or research in provide the following amounts relating to these items	•
(i) Revenues included in Form 990, Part VIII, line 1	<b>-</b> \$
(ii) Assets included in Form 990, Part X	<b>►</b> \$
If the organization received or held works of art, historical treasures, or other similar assets for following amounts required to be reported under SFAS 116 relating to these items	
Revenues included in Form 990, Part VIII, line 1	<b>►</b> \$

Part	•••• Organizations Maintaining Co	llections of Ar	t, His	stori	<u>cal T</u>	reasur	es, or Oth	ner	Similar Asse	ets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	ıy of tl	he fol	lowing	that are	a sıgnıfıcan	t us	e of its collectio	n	
а	Public exhibition		d	Г	Loan	orexcha	ange prograr	ms			
ь	Scholarly research		e	Γ	O the	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	y furth	er the or	ganızatıon's	exe	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							ımı		Yes	☐ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	orgar	nization		"Ye	es" to Form 990	),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	for c	ontrıb	utions or	other asset	s n		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follov	ving t	able			I	A moi	ınt	
_	Regioning belongs						1	_	Alliot		
c d	Beginning balance  Additions during the year						10	-+			
e	Distributions during the year						10	-			
f	Ending balance						11	-			
	Did the organization include an amount on Fo	orm 000 Bort V lin		,				•		Yes	
2a L	-		ie Zī,						,	res	) NO
	rt V Endowment Funds. Complete		n and	wor	ad "V	os" to E	orm 000 D	) a rt	TV line 10		
ΡŒ	Endowment Funds. Complete	(a)Current Year		)Prior						)Four Y	ears Back
1a	Beginning of year balance		,			` _		. ,	ì		
ь	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
С	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are he	ld and ad	mınıstered f	or t	he		
	organization by								[ - cv	Yes	No
	(i) unrelated organizations		•					•	3a(i)	-	<del>                                     </del>
b	(ii) related organizations				 Iulo Di			•	3a(ii)	<u> </u>	<u> </u>
4	Describe in Part XIV the intended uses of th	•						•		<u> </u>	<del></del>
	t VI Investments—Land, Buildings					990 Pai	rt X line 1	0			
		-, and, and				or other	(b)Cost or ot		(c) Accumulated		
	Description of investment					estment)	basis (other		depreciation	(d) i	Book value
1a	Land										
b	Buildings										
c	Leasehold improvements		•								
d	Equipment						4,4	410	4,410		0
e	Other	<u></u>					5,6	565	2,597	,	3,068
Tota	<b>I.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B	), line	10(c).	)			►		3,068
									Schedule D (	Form 9	90) 201(

Part VIII Investments—Other Securities. See I	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		d of valuation year market value
(1)Financial derivatives		Cost of the of	year market varue
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X, lin			
	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15. tion		(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	e 15. tion  5)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	e 15. tion  5)		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	e 15. tion  5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability	e 15. tion  5.)	, , , , , , , , , , , , , , , , , , ,	(b) Book value

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	305,	,013
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	315,	,676
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-10,	,663
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		
9	Total adjustments (net) Add lines 4 - 8	9	_	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-10,	663
	Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u>'</u>	
1	Total revenue, gains, and other support per audited financial statements	1		
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12			
- а	Net unrealized gains on investments			
ъ b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIV)			
e	Add lines <b>2a</b> through <b>2d</b>	2e		
3	Subtract line 2e from line 1	3		
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIV) 4b			
c	Add lines <b>4a</b> and <b>4b</b>	4c		
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5		
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return	
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities			
b	Prior year adjustments	1		
c	Other losses			
d	Other (Describe in Part XIV) 2d	1		
e	Add lines <b>2a</b> through <b>2d</b>	2e		
3	Subtract line <b>2e</b> from line <b>1</b>	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV) 4b			
c	Add lines <b>4a</b> and <b>4b</b>	4c		
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )	5		
Par	t XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b  Also complete tl			

Identifier Return Reference Explanation

additional information

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As Filed Data -

DLN: 93493318010271

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization LOW IMPACT HYDROPOWER INSTITUTE Employer identification number

94-3356689

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE 990 IS NOT PROVIDED TO THE BOARD PRIOR TO FILING IT IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO FILING

ldentifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	DISCLOSURE IS REQUIRED AT TIME OF DISCUSSION OF ANY NEW PROJECTS UPDATES ARE MADE (IF ANY) AT MONTHLY BOARD MEETINGS

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15a	BOARD REVIEWS AND DETERMINES EXECUTIVE DIRECTOR COMPENSATION EXECUTIVE DIRECTOR IS SOLE EMPLOYEE

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

# SCANNED AUG 1 2 2010

Form **990-E**Z Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

OMB No 1545-1150

A For the 2009 calendar year, or tax year beginning and ending									_				
B 	Check if applicab Addres	St use IRS		D Empl	oyer i	dentification number							
<u> </u>	Name		RI	NSTITUTE				94	l – 3	356689			
Ē	Initial return		not deliv	ered to street address)	)	R	loom/suite			number			
	Term		<u>.                                    </u>					207-773-8190					
	Amer	cled tions   City or town, state or country, and ZIP + 4						F Grou	p Exe	mption			
	Applic pendir	PORTLAND, ME 04103					ļ <u> </u>	Number ►					
	• Sec	ction 501(c)(3) organizations and 4947(a)(1) nonexempt		ble trusts must attach	a comp	leted	G Accoun	tıng me	thod:	Cash X Accrual			
		Schedule A (Form 990 or 9	<u>-</u>				Other (s						
		te:   WWW.LOWIMPACTHYDRO.ORG								he organization is <b>not</b>			
		empt status (check only one) — X 501(c) ( 3 )								ule B (Form 990, 990-EZ, or 990-PF)			
K	Check								1an \$2	25,000. A Form 990-EZ or			
-	A 1	Form 990 return is not required, but if the organ						urn.		224540			
	art I	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if Revenue, Expenses, and Changes ir	\$500,00	Assets or Fund	Bala	nces (S	N 990-EZ	ctions t	► \$	224549.			
L				ASSOLS OF TURE			ee me manu	ictions i	1				
	1 2	Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and		te				-	2	224165.			
	3	Membership dues and assessments	COMMAG	15				-	3	224103.			
	4	Investment income						}	4	·			
	5a	Gross amount from sale of assets other than inventory			5a								
	b	Less; cost or other basis and sales expenses			5b			_					
	C	Gain or (loss) from sale of assets other than inventory (S	Subtract	line 5b from line 5a)					5c				
ē	6	Special events and activities (complete applicable parts of			is from	gaming, cl	heck here ►						
Revenue	a	Gross revenue (not including \$		contributions									
Вè		reported on line 1)			6a								
_	b	Less: direct expenses other than fundraising expenses			6b								
	C	Net income or (loss) from special events and activities (\$	Subtract	line 6b from line 6a)	. 1			<u> </u>	6c				
	7a	Gross sales of inventory, less returns and allowances			7a								
	b	Less: cost of goods sold	<b></b>	==0=0.75	<u> </u>	<del></del>	<del></del>						
	C	Gross profit or (loss) from sales of inventory (Subtract I	ine 7b fr	on the color of th	:U				7c	204			
	8	Other revenue (describe TD BANK	<del>       </del>			<u> </u>	<del></del>	一, }	8	384. 224549.			
_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		JUL 2 3 20	10	SO-			9	224549.			
	10	Grants and similar amounts paid (attach schedule)	E1-2	002 2		IRS-(		-	10				
	11 12	Benefits paid to or for members Salaries, other compensation, and employee benefits	L	OCDEN	117			-	12	94200.			
enses	13	Professional fees and other payments to independent co	nte <del>actor</del>	<u>OGDEN,</u>	<u>U 1</u>			ŕ	13	44863.			
	14	Occupancy, rent, utilities, and maintenance	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		lee .	State	ment	4	14	2256.			
Exp	15	Printing, publications, postage, and shipping		_				_ }	15	2777.			
	16	Other expenses (describe	See Statement 1)						16	34197.			
	17	Total expenses. Add lines 10 through 16							17	178293.			
	18	Excess or (deficit) for the year (Subtract line 17 from line	e 9)						18	46256.			
Net Assets	19	Net assets or fund balances at beginning of year (from li	ne 27, c	olumn (A))									
As	ŀ	(must agree with end-of-year figure reported on prior ye	ar's retu	rn)				-	19	44445.			
Šet	20	Other changes in net assets or fund balances (attach exp		•				-	20				
_	21	Net assets or fund balances at end of year. Combine line						<u> </u>	21	90701.			
P	art I	Balance Sheets. If Total assets on line 25, co (See the instructions for Part II.)		are \$1,250,000 or mi	ore, tile				)-EZ.	(D) F. L. (			
-	• 0-	·				(A)	Beginning of		100	(B) End of year			
2:		sh, savings, and investments					05	<u>407</u>	22	170158.			
2:		nd and buildings ner assets (describe	Sec	Statement	. າ	\ <del> </del>	າ	534		20194.			
2		tal assets	Dee	Deacement		′ <del> </del>		941		190352.			
2		tal liabilities (describe	See	Statement	: 3	,		496		99651.			
2		t assets or fund balances (line 27 of column (B) must ag						445		90701.			
	2171 -08-10	LHA For Privacy Act and Paperwork Reduction Act			truction	8.				Form <b>990-EZ</b> (2009)			

For	m 990-EZ (2009) LOW IMPACT HYDROPOWER INS	STITUTE		94-	33566	89 Page 2
Р	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		Ex	rpenses
Wh	at is the organization's primary exempt purpose? See Statement	<u> </u>			<b>⊣</b>	r section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt put		se manner, descri	be	1	) organizations and
	e services provided, the number of persons benefited, and other relevan				for others )	7(a)(1) trusts, optional
_	CERTIFICATION OF HYDROPOWER FACILITY					<u> </u>
	PROVIDE CONSULTING SERVICES TO HYDE					
	TROVIDE COMBOEITING DERVICED TO HIEL	torondit rincidi	<u> </u>			
	(Grants \$ ) If this amount includes foreign	aranta abaak bara			28a	152181.
00	(Grants \$ ) If this amount includes foreign	grants, check here		يب	204	
29					1	
			<del></del>			
	(Grants \$ ) If this amount includes foreign	grants, check here		لبا	29a	
30						
					<b>}</b>	
	(Grants \$ ) If this amount includes foreign	grants, check here	<u> </u>	<u> </u>	30a	
31	Other program services (attach schedule)				1 1	
	(Grants \$ ) If this amount includes foreign	grants, check here			31a	
32	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	<u> 152181.</u>
P	art IV List of Officers, Directors, Trustees, and Key I	Employees. List each one ev	en if not compensated	(See the	nstructions	for Part IV)
		(h) Title and everage hours	(-) Componentian		ontributions	(-) [::::::::::::::::::::::::::::::::::::
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		employee efit plans &	(e) Expense account and
	(a) Hamo and address	position	-0)		eferred	other allowances
		F			pensation	
F	RED AYER, 34 PROVIDENCE STREET,	EXECUTIVE DIR	ECTOR			
_	ORTLAND, ME 04103	40.00	80000.	1	4200.	
_	ICHARD ROOS-COLLINS, 100 PINE	CHAIRMAN		<del>-</del>		
	TREET STE 1500, SAN FRANCISCO, CA	1.00	0.		0.	
	TEVEN MALLOCH, 10212 BELGROVE CT	TREASURER				-
	W, SEATTLE, WA 98177	1.00	0.	ļ	0.	
_	AM SWANSON	SECRETARY	- ·			
P(		1.00	0.		0.	
		BOARD MEMBER		-		
	ENNETH KIMBAL PHD	0.50	0.		0.	
<u>P</u>			<u> </u>	<del> </del> -	<u> </u>	<del> </del>
	DWARD R OSANN, 1001 CONNECTICUT AVE	BOARD MEMBER	_		0	
	W STE 801, WASHINGTON, DC 20036	0.50	0.	<del> </del>	0.	<del></del>
	ICHAEL J SALE	BOARD MEMBER			•	
	O BOX 20008, OAK RIDGE, TN 37831	0.50	0.	-	0.	
	ICOLE SILK, THE NATURE CONSERVANCY,	BOARD MEMBER			•	
	OULDER, CO 80302	0.50	0.	<u> </u>	0.	
	SHOK GUPTA, NATURAL RESOURCES	BOARD MEMBER				
	LANNING COUNCIL, NEW YORK, NY 10011	0.50	0.		0.	<u> </u>
	ARINE GRANDE, 700 FIFTH AVENUE STE	BOARD MEMBER				
	300, SEATTLE, WA 98104	0.50	0.	<u> </u>	0.	
	OBIN MARKS, 1025 VERMONT AVENUE NW	BOARD MEMBER				
S	TE 720, WASHINGTON, DC 20005	0.50	0.		0.	<u> </u>
	NDREW SIMS	BOARD MEMBER				
M	AIN STREET, PITTSFIELD, ME 04906	0.50	0.		0.	
_				_		1
		<u> </u>		<u>L</u>		
_						
			]			
		<u> </u>	]	}		1
				ĺ		
		7				
				1		<b>†</b>

Form **990-EZ** (2009)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b>			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			İ
_	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37ь		x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a	ł	x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		1
a	Initiation fees and capital contributions included on line 9	†	1	
b	Gross receipts, included on line 9, for public use of club facilities  39b  N/A	]	i	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 .		ł	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction		ļ	
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<u>L</u>	X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers		ļ	
	or disqualified persons during the year under sections 4912, 4955, and 4958		ĺ	ļ
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		İ	ļ
	organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			ļ
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X
41	List the states with which a copy of this return is filed. > CA			
42 a	The organization's books are in care of ▶ FRED AYER Telephone no. ▶ 207-77			
	· · · · · · · · · · · · · · · · · · ·	)410	) 3	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			1
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	<u> </u>	X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		1	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	_		L
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	<u> </u>	
			<u> </u>	1
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1
	Form 990-EZ	44	<del> </del>	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45	1	X
		Form 9	990-EZ	(2009)

_	1 990-EZ (2009) LOW IMPACT HYDROPOWER IN	STITUTE		94-3356	689		Page 4
Pa	<ul> <li>Section 501(c)(3) organizations and section 4 organizations and section 4947(a)(1) nonexempt charitable and 51.</li> </ul>		charitable tru	sts only. All	section	on 501	
 46	Did the organization engage in direct or indirect political campaign activities	on behalf of or in opposition to o	andidates for public			Yes	No
70	office? If "Yes," complete Schedule C, Part I	on benan or or in opposition to t	andidates for public		46	103	X
47	Did the organization engage in lobbying activities? If "Yes," complete Sch	nedule C, Part II			47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes				48		X
49 a	Did the organization make any transfers to an exempt non-charitable related	organization?			49a		X
b	If "Yes," was the related organization a section 527 organization?				49b	<u> </u>	Ĺ
50	Complete this table for the organization's five highest compensated employed than \$100,000 of compensation from the organization. If there is none, enter		, trustees and key er	nployees) who e	ach re	ceived	nore
	(a) Name and address of each employee paid more than \$100,000 <b>NONE</b>	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans & deferred compensation	( oth	e) Expe ccount er allow	and
	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated indepen	odent contractors who each recei	ved more than \$100	000 of compen	sation	irom th	
	organization. If there is none, enter "None."  NONE  (a) Name and address of each independent contractor paid more		(b) Type of ser			npensa	
	·		1				
—							
—							
		-	-				
			-				
d	Total number of other independent contractors each receiving over \$100,00	00					
Sigı Her	e Signature of officer						
	FRED AYER, EXECUTIVE DIRECTO	)K					
	Only Firm's name (or yours Keirstead & Fox, P.A.  1 self-employed).  2 Church Street						
May	the IRS discuss this return with the preparer shown above? See instructions						
ividy	the the disease this territi with the brehater shown above, see Histiactions						

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

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

2009

Open to Public Inspection

Employer identification number Name of the organization LOW IMPACT HYDROPOWER INSTITUTE 94-3356689 Part I 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 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated \_ Type I **b** \_\_\_\_ Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (vii) Amount of (ii) EIN organization in col. organization organization in col. in col. (i) listed in your organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes Nο Yes Yes No

	edule A (Form 990 or 990-EZ) 2009 L	OW IMPACT	HYDROPOWI	ER INSTITU	JTE	94-3350	5689 Page 2
Pa	rt II Support Schedule for (			Sections 170(b	o)(1)(A)(iv) and	i 170(b)(1)(A)(v	i)
_	(Complete only if you checked	the box on line 5,	7, or 8 of Part I)	,			
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	,					
	membership fees received. (Do not						
	include any "unusual grants ")	148180.	93066.	108297.	134855.	224165.	<u>708563.</u>
2	Tax revenues levied for the organ-	,					
	ization's benefit and either paid to	ł l					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	140100	02066	100007	124055	224165	<u> </u>
	Total. Add lines 1 through 3	148180.	93066.	108297.	134855.	224165.	708563.
5	The portion of total contributions	l I					
	by each person (other than a		}				
	governmental unit or publicly	į l					
	supported organization) included						
	on line 1 that exceeds 2% of the	l		ļ			
	amount shown on line 11,						
_	column (f)						700563
	Public support. Subtract line 5 from line 4 ction B. Total Support						<u>708563.</u>
	<del></del>	1 2005	#11 000C	(-) 2007	(-1) 0000	(-) 0000	(D. Total
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006 93066.	(c) 2007 108297.	(d) 2008 134855.	(e) 2009 224165.	(f) Total 708563.
	Amounts from line 4	148180.	93000.	100291.	134033.	224105.	700303.
8	Gross income from interest,	1				ı	
	dividends, payments received on	Ì		i			
	securities loans, rents, royalties	11.				384.	395.
_	and income from similar sources	11.				204.	333.
9	Net income from unrelated business			}			
	activities, whether or not the	1					
40	business is regularly carried on				<del></del> ,		
10	Other income. Do not include gain						
	or loss from the sale of capital	]	31.	140.	220.		391.
	assets (Explain in Part IV)		31.	140.	220.		709349.
	Total support. Add lines 7 through 10	ate (occupate otic				10	103343
	Gross receipts from related activities, First five years. If the Form 990 is for	•	•	d fourth or fifth to	v voor as a soctio	n 501(c)(3)	·
13			iirst, second, triiit	u, iouitii, or iiitii ta	x year as a sectio	11 30 1(0)(3)	ightharpoonup
Se	organization, check this box and stor ction C. Computation of Publ		rcentage				
14	Public support percentage for 2009 (			olumn (fl)		14	99.89 %
15	Public support percentage from 2008		-	0.0.1		15	99.91 %
	a 33 1/3% support test - 2009.If the o			line 13, and line 1	4 is 33 1/3% or m		
	stop here. The organization qualifies					,	<b>▶</b> X
	o 33 1/3% support test - 2008.If the o		=		line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual						▶□
17:	a 10% -facts-and-circumstances tes	•			13. 16a. or 16b. a	and line 14 is 10%	or more.
170	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
	o 10% -facts-and-circumstances tes					7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire						ightharpoons
18	Private foundation. If the organization						s

Part III Support Schedule for	Organizations	Described in	Section 509(a	(Complete only	of you checked the ho	Page 3
Section A. Public Support				· · · (oomprote em)	11 700 011001100 (110 01	on an anio o or runti.
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<ol> <li>Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")</li> </ol>						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
<ul> <li>Iness under section 513</li> <li>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</li> </ul>						
5 The value of services or facilities furnished by a governmental unit to	,					
the organization without charge  6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified person  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	S					
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6     10a Gross income from interest,     dividends, payments received on     securities loans, rents, royalties     and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975	es					
c Add lines 10a and 10b  11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on	s					
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	<u> </u>		L
14 First five years. If the Form 990 is	for the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organı	zation,
check this box and stop here		<del> </del>				
Section C. Computation of Pu					<u> </u>	
15 Public support percentage for 2009			column (f))		15	%
16 Public support percentage from 20			<del></del>	<del></del>	<u>  16                                   </u>	%
Section D. Computation of Inv						
17 Investment income percentage for	•	•	ine 13, column (f))		17	%
18 Investment income percentage from				. 4E	18	<u>%</u>
19a 33 1/3% support tests - 2009. If the						1/ IS not
more than 33 1/3%, check this box	=	<del>-</del>				and
<b>b 33 1/3% support tests - 2008.</b> If the line 18 is not more than 33 1/3%, or						and
20 Private foundation. If the organiza		-			<del>-</del>	

## SCHEDULE C (Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

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

2009

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2009

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

<u> </u>	Section 50 (c)(4), (5), or (6) organi	zations: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
		PACT HYDROPOWER			94-3356689
Pa	art I-A Complete if the o	rganization is exempt un	der section 501(c)	or is a section 527 o	rganization.
1	Provide a description of the orga	nization's direct and indirect politi	ical campaign activities	ın Part IV.	
2	Political expenditures			▶\$	
3	Volunteer hours		•		
Pê	art I-B Complete if the o	rganization is exempt un	der section 501(c	)(3)	
1	Enter the amount of any excise to	ax incurred by the organization ur	nder section 4955	. ▶\$	
2	Enter the amount of any excise to	ax incurred by organization manag	gers under section 495	5 ▶\$	
3	If the organization incurred a sec	tion 4955 tax, did it file Form 4720	0 for this year?		Yes No
48	a Was a correction made?				Yes No
	b If "Yes," describe in Part IV.	<del></del>	1 504/-1		(-)(a)
Pŧ		rganization is exempt un			
1	, ,				
2	Enter the amount of the filing org	anization's funds contributed to c	other organizations for s		
	exempt function activities			▶ \$	
3	Total exempt function expenditu	res Add lines 1 and 2. Enter here	and on Form 1120-POI	L,	
	line 17b			<b>▶</b> \$	· <del></del>
4	Did the filing organization file For				Yes Mo
5					
		er the amount paid from the filing delivered to a separate political or			
		ded, provide information in Part IV		eparate segregated fund of	a political action committee
	<del></del>	<del></del>		(al) Amount and from	(-) Amount of political
	(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-
_		<del></del>	<del></del>		· · · · · · · · · · · · · · · · · · ·
					T
	<del></del>				
		i	1	i	

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

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Schedule C (Form 990 or 990-EZ) 2009	LOW	IMPACT	HYDROPOWER	INSTITUTE	94-3	356689 Page 2
Part II-A Complete if the org (election under sec			npt under sectio	n 501(c)(3) and tile	ea Form 5/68	
			ested group			
		•	ated group. d "limited control" pro	visions apply		
Limit	s on Lobi	ying Exper			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence pub	lic opinion (d	rass roots lobbying)			
<b>b</b> Total lobbying expenditures to influ	-					
c Total lobbying expenditures (add lii	nes 1a an	d 1b)				
d Other exempt purpose expenditure	es					
e Total exempt purpose expenditure	s (add line	s 1c and 1d	)			
f Lobbying nontaxable amount Ente	r the amo	unt from the	following table in bot	h columns.		
If the amount on line 1e, column (a) o	r (b) is:	The lobi	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e	·		
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000		]
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% c	f line 1f)				<u> </u>
h Subtract line 1g from line 1a If zer	o or less, o	enter -0-				
i Subtract line 1f from line 1c. If zero	or less, e	nter -0-				
j If there is an amount other than ze	ro on eithe	er line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				<del></del>	Yes No
		at made a s		Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lob	bying Exper	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))				·		<del></del>
c Total lobbying expenditures						<u> </u>
d Crescosts mentavable arresent						
d Grassroots college amount						<del>                                     </del>
e Grassroots ceiling amount (150% of line 2d, column (e))						
(10070 of life 2d, colditin (e))	<u> </u>					<del>                                     </del>
f Grassroots lobbying expenditures						L

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009 LOW IMPACT HYDROPOWER INSTITUTE 94-3356689 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or

•	burning the year, and the mining organization attempt to inhabition foreign, matterial, et al.			
	local legislation, including any attempt to influence public opinion on a legislative matter			
	or referendum, through the use of	}		
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total Add lines 1c through 1i		_	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5	ة), or se	ction	
	501(c)(6).			
			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)	5), or se	ction	
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lin	e 3 is ar	nswered	
	"Yes."			
1	Dues, assessments and similar amounts from members	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political			
	expenses for which the section 527(f) tax was paid).			
а	Current year	2a		
b	Carryover from last year	2b		
С	Total	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political			
	expenditure next year?	4		
5	Taxable amount of lobbying and political expenditures (see instructions)	5		
Par	t IV Supplemental Information			
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; and Part II-B, li	ne 1ı Also	, complete	this part
	ny additional information			
Par	ct II-B, Line 1(i), Other Lobbying Activities:		_	
NO	LOBBYING DONE IN PRIOR OR SUBSEQUENT YEARS.		_	

Form 990-EZ	Other Expenses		Statement	1
Description			Amount	
TAXES - PAYROLL/FRANCHISE			616	55.
INSURANCE			323	37.
CONFERENCES/MEETINGS/TRAVEL/ME			1809	
INTERNET FEES/WEB HOSTING FEES			443	
OFFICE EXPENSE			219	
MISCELLANEOUS EXPENSE				75.
Total to Form 990-EZ, line 16			3419	97.
Form 990-EZ	Other Assets		Statement	2
Description		Beg. of Year	End of Yea	ar
ACCOUNTS RECEIVABLE		0. 2534.	161!	
Other Depreciable Assets		4534.	404	44.
Total to Form 990-EZ, line 24		2534.	201	94.
Form 990-EZ	Other Liabilities		Statement	3
Description		Beg. of Year	End of Yea	ar
A COOLINING DAYARI E		1146.		26.
ACCOUNTS PAYABLE SEP PAYABLE		8000.	3	0.
DEFERRED REVENUE		14350.	992	
Total to Form 990-EZ, line 26		23496.	996	51.
Form 990-EZ Occupancy, Ren	nt, Utilities and Ma	aintenance ———————	Statement	
Description			Amount	
			7	74.
Depreciation Other Expenses				74. 82.

FORM 990-EZ	Information Regarding Transfers Associated with Personal Benefit Contracts	Statement	5
directly of	ganization, during the year, receive any funds, r indirectly, to pay premiums on a personal ntract?	[ ] Yes [X]	No
B) Did the ordirectly o	ganization, during the year, pay premiums, r indirectly, on a personal benefit contract? .	. [ ] Yes [X]	No

990-EZ Pg 2

Statement

6

REDUCE THE ENVIRONMENTAL IMPACT OF HYDROPOWER GENERATION THROUGH THE CERTIFICATION OF HYDROPOWER PROJECTS THAT HAVE AVOIDED OR REDUCED THEIR ENVIRONMENTAL IMPACT PURSUANT TO THE LOW HYDROPOWER INSTITUTE'S CRITERIA.

Department of the Treasury Internal Revenue Service Name(s) shown on return

## **Depreciation and Amortization** 990-EZ (Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

Business or activity to which this form relates

OMB No 1545-0172

Sequence No ldentifying number

LOW\_IMPACT HYDROPOWER INSTITUTE Form 990-EZ Page 1 94-335<u>6689</u> Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 250000. 1 Maximum amount. See the instructions for a higher limit for certain businesses 2 2 Total cost of section 179 property placed in service (see instructions) 3 800000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property ) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 if you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (e) Convention (f) Method (a) Classification of property (g) Depreciation deduction year placed in service 19a 3-year property 2283. 5 Yrs. MO SL57. b 5-year property 7-year property C 10-year property d 15-year property f 20-year property 25-year property 25 yrs. S/L g 27 5 yrs. MM S/L Residential rental property h S/L 27.5 yrs. MM MM S/L 39 vrs i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs S/L b 40-year 40 yrs MM S/L Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 774. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

· _w	•														
_	m 4562 (2009) art V Listed Proper	ty (Include a								comput	ers, and			689 F r entertai	
	recreation, or a  Note: For any through (c) of S	vehicle for wi	hich you are	using the	e standar ection C i	rd mileag f applica	ge rate or ible	dedu	cting lease	expen	se, comp	lete only	24a, 24	b, columi	ns (a)
		- Depreciati						nstru	ctions for li	mits foi	passeng	er auton	nobiles)		
242	Do you have evidence to						'es	<del>-</del>	24b If "Y					Yes	No
		(b)	(c)	T	(d)		(e)		(f)		(g)		h)	(i	
	(a) Type of property (list vehicles first)	Date placed in service	Busines investme use percei	ent	Cost or other basis	l no	sis for depre siness/inve use only	stment	Recovery period		ethod/ vention	Depre	ciation iction	Elec section co:	ted n 179
25	Special depreciation all				ty placed	l ın servi	ce during	the t	ax year an	d					<u></u>
	used more than 50% in										25	<u> </u>		<u> </u>	
<u>26</u>	Property used more that	in 50% in a c	qualified bus		·	<u> </u>			1	·		ſ			
	<del> </del>	<del> </del>		%											
		<b>_</b>		%											
				%											
<u>27</u>	Property used 50% or I	ess in a qual	Ified busine						T	T		1		I	
	<u> </u>	ļ		%						S/L·					
_				%		-+			-	S/L·		ļ			
		<u> </u>		%					<u> </u>	S/L -	- 1			ļ	
_	Add amounts in column	• •	-				l, page 1				28		1		
<u>29</u>	Add amounts in column	n (i), line 26 E	Enter here a										29		
							on Use								
lf y	mplete this section for viou provided vehicles to passe vehicles	ehicles used your employe	by a sole p ees, first an	roprietor, swer the	partner, question:	or other s in Sect	"more th tion C to	an 5% see ıf	6 owner," o you meet	or relate an exce	ed persor eption to	n completi	ng this s	section fo	or
_					(a)	Т	(b)	1	(c)	Ţ	(d)		e)	(f)	,
	Total husiness (investment	milan drivan a	during the		ehicle	ı	(b) ehicle	.	Vehicle	\ \ <sub>\\</sub>	ehicle	•	ucle	Veh	
30	Total business/investment		-	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	EIIICIE	1	STILLIE		VEITICIE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	STITUTE	V C1	11016	Veri	ICIC
	year (do not include com														
	Total commuting miles		-		·	1									
32	Total other personal (no driven	oncommuni	g) miles												
33	Total miles driven durin	a the year.						<del> </del>				ļ			
•	Add lines 30 through 3	•						-							
34	Was the vehicle availab		naluse	Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
•	during off-duty hours?	310 (OI PO.00.	14.400		1	-	1	1		1.00	1	1			
25	Was the vehicle used p	rimarily by a	more						-	-					
55	than 5% owner or relat		1110.0										1		
26	Is another vehicle avail	•	onal								<u> </u>		<u> </u>		
30		able for pers	Orial	İ								1			
_	use?	Saatian C	- Questio	o for En	ployers	Who Dr	ovido Vol	hiolog	for Head	v Their	Employ	986	<u> </u>		
An	swer these questions to												re not n	nore than	5%
ow	ners or related persons														r
37	Do you maintain a writt employees?	en policy sta	tement tha	prohibit	all perso	onal use	of vehicl	es, ın	cluding co	mmutin	g, by you	ır		Yes	No
38	Do you maintain a writt	en policy sta	atement tha	prohibit	s persona	al use of	vehicles,	exce	pt commu	tıng, by	your				
	employees? See the in	structions fo	r vehicles u	sed by co	rporate	officers,	directors	, or 1	% or more	owners	3			<u> </u>	ļ
39	Do you treat all use of	vehicles by e	mployees a	s person	al use?										
40	Do you provide more th	nan five vehic	cles to your	employe	es, obtair	ninforma	ation fron	n you	employee	s abou	t				
	the use of the vehicles	, and retain t	he informat	on receiv	ed?										<u> </u>
41	Do you meet the requir	ements cond	cerning qua	lified auto	mobile d	lemonst	ration use	9?							<u> </u>
_	Note: If your answer to	<i>37, 38, 39, 4</i>	40, or 41 is	"Yes," do	not com	plete Se	ction B fo	or the	covered v	ehicles.					<u> </u>
Р	art VI Amortization														
	(a) Description	of costs	:	(b) Date amortizat begins	on——	(c) Amortiz amou	able		(d) Code section		(e) Amortiz penod or pe	ation	A f	(f) mortization or this year	

(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
Amortization of costs that begins duri	ng your 2009 tax year.				
	1 1			1	
				1 , ,	
3 Amortization of costs that began befo	re your 2009 tax year		1	43	

## F6rm 8868

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box			<b>▶</b> X
_	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this of complete Part II unless you have already been granted an automatic 3-month extension on a previously file.		m 8868	
Par				<del></del>
A cor	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete		
	only .			
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an income tax returns.	exten	sion of time	•
noted (not a you n	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file irs gov/efile and click on e-file for Chanties & Nonprofits.	cally if	(1) you wanted Form 9	nt the additional 990-T Instead,
Type print		Empl	loyer ident	ification number
J1 11 11	LOW IMPACT HYDROPOWER INSTITUTE	9	4-3356	5689
File by due da filing yo	te for Number, street, and room or suite no. If a P.O. box, see instructions.			
return Instruc	See			
Chec	ck type of return to be filed (file a separate application for each return):			
	Form 990         Form 990-T (corporation)         Form 47           Form 990-BL         Form 990-T (sec 401(a) or 408(a) trust)         Form 52           Form 990-EZ         Form 990-T (trust other than above)         Form 60           Form 990-PF         Form 1041-A         Form 88	227 069		
Te • If	FRED AYER  the books are in the care of   34 PROVIDENCE STREET - PORTLAND, ME 041  slephone No   207-773-8190  FAX No   the organization does not have an office or place of business in the United States, check this box  this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  and attach a list with the names and EINs of all	ıs ıs fo		-
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt  August 15, 2010  Is for the organization's return for:  X calendar year 2009 or		The extens	sion
	tax year beginning, and ending		<u> </u>	
2	If this tax year is for less than 12 months, check reason Initial return Final return		Change in	accounting period
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	3a	\$	
3a	nonretundable credits. See instructions.			
3a b	nonrefundable credits. See instructions.  If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated		l	
		3b	\$_	
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3b	\$	N/A