Form **990-EZ**

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 \$1,000,000 and total assets less than \$2,500,000 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.

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A F	or the	2008 calend	ar year,	, or tax yea	r beginning	January	1,	2008, and en	iding 🧎	Riemh	er 3	, 200	્
B 0	neck if a	applicable:	Please		organization		;			D Emplo	yer ide	entification nun	nber
=	Address		use IRS label or	Aus	able Ri	ver As	socia ho	n, In	C .			09764	
=	Name chi initial retu	· ·	print or	Number a	and street (or P.C	box, if mail is	not delivered to s	treet address)	Room/suite	E Telep			
	Terminati		type. See	40 Fp.	vecoment	Bldy	P.O. Box	(217)		(51	3) 3	73-375	<u> 52 </u>
	Amended	d return	Specific Instruc-	City or to	own, state or cour	ntry, and ZIP + 4		•		F Group		ption	
		on pending	tions.		eth town		12%			Numb		. >	
•	Secti	ion 501(c)(3) (4947(a)(1) non nedule A (Form			ıst attach		unting me (specify)			Accrual
1 \	Vebsit	te: ▶ir	ife (w	ausebl	eriver, o	?}						organization is nedule B (Form	
J	Organiz	zation type (c	check or	nty one) — 🗽	(3) (501(c)	◀ (insert no.)	4947(a)(1)	or 🗌 527	990-E	Z, or 990	⊢PF).		
					ection 509(a)(3)				pts are non	maily not	more th	nan \$25,000. <i>A</i>	return is
r	ot requ	uired, but if th	e organi	zation choo	ses to file a retu	urn, be sure to	file a complete	return.					
LA	dd line	es 5b, 6b, and	7b, to lir	ne 9 to deter	mine gross rece	ipts; if \$1,000,0	000 or more, file	Form 990 inst	tead of Form	n 990-EZ	▶\$	43,960	<u>), </u>
Pa	rt I	Revenue,	Expe	nses, and	d Changes i	n Net Asse	ets or Fund	Balances	(See the	instruct	ions f		
	1	Contribution	ns, gifts	s, grants, ar	nd similar amo	unts received					1	43,62	<u>5, </u>
	2				cluding govern						2		
	3				ssments .						3		-
	4	Investment	, t incom	e		, , , ,					4	33'	<u> </u>
-	5a	Gross amo	ount fro	m sale of	assets other t	han inventor	y	. 5a					
ļ	b				nd sales exper			E h					
Ē	c				ets other than				attach sch	edule) .	5c		
Revenue	6				te applicable parts								
/en					g \$								
Je Je	_	reported of			, , ,			6a					
_	b				than fundrais			6b					
	c	Net income	e or (los	ss) from sr	pecial events	and activities	(Subtract lin	e 6b from lir	ne 6a) .		6с		
					ss returns and								
	b			-				7b					
	c				ales of invent			line 7a) ,			7c		
-	8)	8		
1178	9	Total reve	nue. A	dd lines 1,	2, 3, 4, 5c, 6	c, 7c, and 8	<u> </u>			, , ▶	9	43,960	0,
	10				paid (attach s						10		
	11				bers						11	10	
SS	12										12	25,22	7
us(13	The Contract of the Competition									13	610	0
Expenses	14				nd maintenan		,				14		<u></u>
Ω	15										15	<u>2,75</u>	3,
	15 Printing, publications, postage, and shipping. 16 Other expenses (describe ► Movance, travel, Conferences, of fice significant)							<u>(</u>)	16	3,47	3		
	17	Total expe	enses.	Add lines	10 through 16		<u> </u>	<u> </u>	<u> </u>	<u>. , ▶</u>	17	32,135	3
S	18	Excess or	(deficit)	for the ye	ear (Subtract I	ine 17 from l	ine 9)				18	11,822	Z
Net Assets	19	Net assets	or fur	nd balance	s at beginnin	g of year (fr	om line 27, c	olumn (A)) ((must agre	ee with		100	í
As		end-of-yea	ar ficure	reported	on prior year	's return).					19	13,411	
et	20	Other char	nges in	net assets	or fund bala	nces (attach	explanation)	Stater	nent.		20	= 5, 33 <u>k</u>	2 .
	21	Net assets	or fund	d balances	s at end of ye	ar. Combine	lines 18 throu	ign 20			21	34 , 34'	<u>t</u>
Pa	rt II	Balance			assets on line		(B) are \$2,500),000 or mo					
			(S	See the ins	tructions for F	Part II.)				ginning of y نسم ز		(B) End of ye	^{ਤਰਾ}
22	Cas	sh, savings, a	and inv	estments					ප්	,151.	22		ر
23		1 1 9 35				والمرابرات	$E_{\rm L} \approx 10^{-3}$				23		4
24	Othe	er assets (de	escribe	<u>> 370</u>	Filkires	66 3	>TOCK)	10,	260.	24	1 1 2	<u></u>
25		al assets .									25		1
26	Tota	al liabilities	(descrik	oe ▶)			26		-
27	Net	assets or f	und ba	alances (lir	ne 27 of colur	nn (B) must :	agree with lin	e 21)	18,	411.	27		
For	Privac	cy Act and Pa	aperwor	rk Reductio	on Act Notice,	see the Instru	iction for Forn	า 990.	Cat. No	. 106421		Form 990-E	=∠ (2008)

Form 990-EZ (2008)						Page ∠
Part III Statement of Program Service Accom	plishments ((See the insti	ructions for Part	III.)		Expenses
What is the organization's primary exempt purpose?		quired for 501(c)(3) (4) organizations				
Describe what was achieved in carrying out the organiz	cise manner,	and	4947(a)(1) trusts;			
describe the services provided, the number of persons be					i	onal for others.)
28 Watershed Munuspinent Plann.	ng tor	the Aus	uble River	Watershid		
	.:J					
10 to 1.252					00-	11 200
(Grants \$ 11,382) If this amount incl 29 Long-term monitoring of wether	udes foreign	grants, cneck	nere	. •	28a	11,332.
29 Long Term months of Wellar		14 11050	10 Wa-1051	CA1		
(Grants \$ 10, 750) If this amount incl	udes foreian o	grants, check	here	. > 🗆	29a	10,750
30 Franke Species Maragemen						
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						2 2 2
(Grants \$ 2,000) If this amount incl	udes foreign o	grants, check	here	. •	30a	2,000.
31 Other program services (attach schedule) River	clean -up,	tree plan	tine , educat	maryang. Non		1900
(Grants \$ 1,900) If this amount incl 32 Total program service expenses (add lines 28a th	udes foreign (grants, check	nere	. > 📙	31a 32	26.032
Part IV List of Officers, Directors, Trustees, and Key						
	(b) Title ar	nd average	(c) Compensation	(d) Contribution	ns to	(e) Expense
(a) Name and address	hours p devoted t	er week o position	(If not paid, enter -0)	employee benefit deferred comper	plans & isation	account and other allowances
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Dirk Boyant	Basel	Mmbr.		0		C
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Anita Demina	Boad	Hmbr.	0	cr>		o.
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Mary Las Mare	Boach	Mmb.				
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Jeanne Ashumta	Bound	Mmbe.	_			سنر
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John Monae	Boura	(Mimb	_	-		
Carol Trendwell-Steitz	- j .	1 Minh.				
Can 1 Treadwell- STEIL	EXECUTIVE	re tur	25,000	C.		0,
		11.12				
	[
	Le management de la companya de la c					

Par	Other Information (Note the statement requirements in the instructions for Part VI.)			
			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		*
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		×
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		×
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	<i>N/</i>	A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
b	Enter amount of political expenditures, direct or indirect, as described in the instructions. 137a Did the organization file Form 1120-POL for this year?	37b		_×
	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 unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		_×
	Section 501(c)(7) organizations. Enter:			175.54
39 a	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		×
	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		
41 42a	List the states with which a copy of this return is filed. ► The books are in care of ► The Occasion Zertion Telephone no. ► (5/3) Located at ► Essex Guarty Government Bldg, T.O. Box 217 ZIP + 4 ► 12) 97 9 3 Z	3 - 3	752
b	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ×
	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.	575		
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>×</u> _
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			○ □
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	No ×
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 orm 990	EZ	<u>X</u>

Page 4	4
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LOUIN 990-E							ago .
Part VI	Section 501(c)(3) organizations only. and complete the tables for lines 50 and	All section 501(c)(3) od 51.	organizations mu	st answer question	ons 46		
46 Did	the organization engage in direct or indirect po	olitical campaign activitie	s on behalf of or ir	opposition to		Yes	
cano	didates for public office? If "Yes," complete So	chedule C, Part I			46		×
47 Did	the organization engage in lobbying activities?	If "Yes," complete Sche	edule C, Part II .		47		X
48 Is th	ne organization operating a school as describe	d in section 170(b)(1)(A)(i	i)? If "Yes," comple	ete Schedule E .	48		× _
	the organization make any transfers to an exe				49a 49b		<u>X</u>
b If "Y	es," was the related organization(s) a section of the section of the five highest compensation.	52/ organization?				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,) who
50 Con each	nplete this table for the five highest compensation in the compens	on from the organization.	If there is none, e	nter "None."	empic	уссы	VVIIC
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) i acco other a	expens ount an	ndi
- No	ner						
	nber of other employees paid over \$100,000				00.000		
51 Con	mplete this table for the five highest compensa	ted independent contract	tors who each rece	eived more than \$1	00,000	OT	
com	npensation from the organization. If there is no	ne, enter None.					
	(a) Name and address of each independent contractor p	aid more than \$100,000	(b) Ty	pe of service	(c) Con	npensa	tion
- Hon	· C -						
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		4.00.000					
Total nun	nber of other independent contractors each re- Under penalties of perjury, I declare that I have examin	ceiving over \$100,000 .	. P	etatements, and to the	neet of m	y knou	uladaa
	Under penalties of perjury, I declare that I have examinand belief, it is five, correct, and complete. Declaration	n of preparer (other than office	er) is based on all inform	nation of which prepare	r has an	y know	rledge.
Sign	John Lafferty			8-1-09	3		
Here	Signature of officer		[Date			
11010	John Lafferty . (b)	uir					
	Type or print name and title.		7.27				
Paid	Preparer's	Date	Check if self-	Preparer's Identifying	Number (S	See instr	uctions)
Preparer's	signature		employed >				
Use Only	if self-employed),			EIN ► ; Phone no. ► ()			
-	address, and ZIP + 4 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	n above? See instruction		Phone no.	□ Y	es 🗀	No
iviay trie	ino discuss this return with the preparer show	Tabovo. God morradion	<u> </u>		orm 99 (

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047

2008

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Department of the Treasury Inspection Internal Revenue Service Employer identification number Name of the organization Engelby, Fre HUSOBR 1807764 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) 8 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d Type III-Other **b** Type II a Type I e Dy 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. (vii) Amount of (iii) Type of organization (iv) Is the organization (v) Did you notify (i) Name of supported (ii) EIN organization in col. support (described on lines 1-9 in col. (i) listed in your the organization in organization (i) organized in the governing document? col. (i) of your above or IRC section support? (see instructions)) Yes No Yes

Total

(Explain in Part IV.)

Total support. Add lines 7 through 10 .

11

Page 2 Schedule A (Form 990 or 990-EZ) 2008 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (d) 2007 (e) 2008 (f) Total (c) 2006 Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 43,622, 119,974. 37,437. 24,548 Gifts, grants, contributions, and 5367 9.005 membership fees received. (Do not include any "unusual grants.") 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 37437 43622 119 979 5367 4005 24548 **Total.** Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 0 on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 119,977 Section B. Total Support (c) 2006 (e) 2008 (f) Total (a) 2004 (d) 2007 **(b)** 2005 Calendar year (or fiscal year beginning in) > 24 548 43622 117 979 5367 9005 Amounts from line 4 . . 7 Gross income from interest, dividends, payments received on securities loans, 0 \bigcirc 0 0 0 ثن rents, royalties and income from similar Net income from unrelated business 1 0 0 دري ð activities, whether or not the business is 0 regularly carried on Other income. Do not include gain or 0 0 0 10 \mathcal{O} \bigcirc \circ loss from the sale of capital assets

12	Gross receipts from related activities, etc. (see instructions)	12			4
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax y	year as	a section	501(c)(3)	7
Sec	organization, check this box and stop here tion C. Computation of Public Support Percentage		· · · · · · · · · · · · · · · · · · ·		-
	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14		100%	_
	Dubling appear to a supplier of the man 2007. School to A. Port IV. A. line 26f	15		100%	

15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	
162	331/3 % support test-2008. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box	
iva	and stop here. The organization qualifies as a publicly supported organization	
	and stop here. The organization qualified at passing experience 12 or 16a, and line 15 in 2016 06 or more check this	•

b 331/3 % support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this

17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

12

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

HSEX LA DOM

OMB No. 1545-0047

Employer identification number

Ausable K09764 Organization type (check one): Section: Filers of: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 331/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990,

990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF).

	i.	1		_
Page	of		of	Part

Employer identification number Name of organization Assoc. 4Usel)le Part I Contributors (see instructions) (c) (d) (a) Aggregate contributions Type of contribution No. Name, address, and ZIP + 4 j Person Payroil Noncash (Complete Part II if there is a noncash contribution.) (d) (b) (c) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.) ONE Commerce Plaza (c) (d) (a) (b) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. 3 Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (c) (d) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) (b) (c) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroli Noncash (Complete Part II if there is a noncash contribution.) (c) (b) (a) Type of contribution Aggregate contributions Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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Ausable	River	Association	Inc.
Lusaure	TOTACE	1 10000 Cideloli	TTT • •

Form 990-EZ

Changes in Assets (line 20)

Statement 1

Description: 270 Shares of GE Stock: change from \$10,260 on Jan. 1, 2008 to \$4374. on Dec. 31, 2008.

Form 990-EZ

Part III – Statement of Organization's
Primary Exempt Purpose

Statement 2

<u>Explanation</u>: The Ausable river Association's mission is to protect and enhance the natural and cultural resources of the Ausable River and its watershed. It achieves this goat through providing services and educational programming to the citizens and visitors to the Ausable Watershed.