

JUNE 19, 2023

AUSABLE RIVER ASSOCIATION, INC. PO BOX 8 WILMINGTON, NY 12997

AUSABLE RIVER ASSOCIATION, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2022 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2022 FORM 990

2022 NEW YORK FORM CHAR500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

AUSABLE RIVER ASSOCIATION, INC. PO BOX 8 WILMINGTON, NY 12997

PREPARED BY:

BONADIO & CO., LLP 6 WEMBLEY CT ALBANY, NY 12205

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2023

Form 8879-TE		IRS e-file Signat for a Tax Ex	ure Authorization cempt Entity	1	OMB No. 1545-0047
	For calendar yea	ar 2022, or fiscal year beginning	, 2022, and ending	, 20	2022
Department of the Treasury Internal Revenue Service			. Keep for your records. 9TE for the latest information.		2022
Name of filer				EIN or	SSN
AUSABL	E RIVER	ASSOCIATION, INC.		14-	-1809764
Name and title of officer or pe				ľ	
ļ	,	EXECUTIVE DIREC	CTOR		
Part I Type of	Return and	Return Information			
Form 5330 filers may enter or 10a below, and the amo	r dollars and co ount on that lin ank (do not en	ou are using this Form 8879-TE and ents. For all other forms, enter whol e for the return being filed with this ter -0-). But, if you entered -0- on the	e dollars only. If you check the form was blank, then leave line e return, then enter -0- on the ap	box on line 1a, 1b, 2b, 3b, 4b oplicable line bel	2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, , 5b, 6b, 7b, 8b, 9b, or 10b, low. Do not complete more
1a Form 990 check h	nere		rm 990, Part VIII, column (A), lin		
2a Form 990-EZ che	ck here	b Total revenue, if any (Fo	rm 990-EZ, line 9)		2b
3a Form 1120-POL	check here		L, line 22)		
4a Form 990-PF che	ck here	b Tax based on investme	nt income (Form 990-PF, Part \	/, line 5)	4b
5a Form 8868 check	here	b Balance due (Form 8868	, line 3c)		
6a Form 990-T chec	k here	b Total tax (Form 990-T, P	art III, line 4)		6b
7a Form 4720 check	here		art III, line 1)		
8a Form 5227 check	here	b FMV of assets at end of	tax year (Form 5227, Item D)		8b
9a Form 5330 check	here	b Tax due (Form 5330, Par	t II, line 19)		9b
10a Form 8038-CP ch	neck here	b Amount of credit payme	ent requested (Form 8038-CP,	Part III, line 22)	
Part II Declarat	ion and Sig	nature Authorization of Of			
Under penalties of perjury,	I declare that	X I am an officer of the above e	ntity or 🔲 I am a person sub	ject to tax with	respect to (name
of entity)			, (EIN)	and that I h	ave examined a copy of the
later than 2 business days payment of taxes to receiv	prior to the pa e confidential	his account. To revoke a payment, syment (settlement) date. I also auth information necessary to answer in hy signature for the electronic return	orize the financial institutions ir quiries and resolve issues relate	nvolved in the pr ed to the paymer	rocessing of the electronic nt. I have selected a
X I authorize BO	NADIO &	CO., LLP		to enter n	ny PIN 12345
	<u>11111110 u</u>	ERO firm name			Enter five numbers, but do not enter all zeros
with a state age on the return's c As an officer or return. If I have i	ncy(ies) regula lisclosure cons person subject ndicated withi	r 2022 electronically filed return. If ting charities as part of the IRS Fed sent screen. to tax with respect to the entity, I which have a copy of the return this return that a copy of the return nter my PIN on the return's disclose	/State program, I also authorize vill enter my PIN as my signatur n is being filed with a state age	e the aforemention	oned ERO to enter my PIN ar 2022 electronically filed
Signature of officer or person subject					Date
		uthentication			
ERO's EFIN/PIN. Enter yo	our six-digit ele	ctronic filing identification	4 4 9 9 7 9 4		
number (EFIN) followed by	your five-digit	self-selected PIN.	<u>1422721</u> Do not enter a		
-	•	ny PIN, which is my signature on th the requirements of Pub. 4163, M	e 2022 electronically filed returr	n indicated abov	
ERO's signature GAR	Y MEAL		Date	06/19/2	13
		ERO Must Retain This I			
	Do No	ot Submit This Form to the	IRS Unless Requested 1	To Do So	
LHA For Privacy Act and	l Paperwork F	Reduction Act Notice, see instruct	tions.		Form 8879-TE (2022)
202521 12-16-22					

Form	99	0
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EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

Perioding 1181 HASELTON ROAD, WILMINGTON, NY 12997 H(b) Are all subordinates included? Yes No 1 Taxexempt status: X 501(c)(3) 501(c)() (insert nc.) 4947(a)(1) or 527 H(b) Are all subordinates included? Yes No Mebsite: AUSABLERIVER.ORG H(C) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1999 M State of legal domicile: NY Part I Summary I Briefly describe the organization's mission or most significant activities: THE AUSABLE RIVER ASSOCIATION PROVIDES PUBLIC EDUCATION, SCIENTIFIC MONITORING AND STREAM 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 100 4 Number of voting members (stimate if necessary) 6 35 5 Total number of volunteers (estimate if necessary) 7a 0. 7a 6 Total number of volunteers (estimate if necessary) 781, 8055. 560, 467. 7 Total number of volunteers (estimate if necessary) 781, 8055.	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest in				formation.		Inspection		
Aussable RitVER ASSOCIATION, INC. 14-1809764 Doing business as 14-1809764 Winder and street (or P.O. box if mails ind delivered to street address) RoonVsulte E Telephone number Origo business as FO BOX 8 697,978. Marchel WILMINGTON, NY 12997 Hill Street optimice, country, and ZIP or foreign postal code 6. Coosr receipts 5 697,978. Marchel WILMINGTON, NY 12997 Hill Street advacmass columbit 7 Yes S No I Tax exempts asso optimicing officer. KELLEY TUCKER 160 Group examption number Hill Are all advacmass columbit 7 Yes S No J Website: AUSABLERIVER.ORG Hill Street advacmass columbit 7 Yes S No Part II Summary Ist representation: Sociation Other L Year of tomation: 1999 M State of legit domicile: NI Part II Summary Ist representation: Science of the governing body (Part Vi, line 1a) 3 10 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of volume methers of the governing body (Part Vi, line 1b) 14 14 4 Auther of indeviduals employed in calendar year 2022 (Part V, line				r year, or tax year beginning and	lending				
ADSABLE RIVER ASSOCIATION, INC. 14-1809764 Image: Comparison of the second s			De: C Name of	E. C Name of organization D Employer identifica					
Doing business as 14-1809764 Interview Number and street (or P.0. box if mail is not delivered to street address) Room/site E Telephone number POBOX 8 City or twow, state or province, country, and ZIP or foreign postal code G create streets 6 697,978. Answerde Number and street (or P.0. box if mail is not delivered to street address) Po BOX 8 City or twow, state or province, country, and ZIP or foreign postal code G create streets 6 697,978. Answerde Number and street (or P.0. box if mail is not delivered to street address) Po BOX 8 City or twow, state or province, country, and ZIP or foreign postal code G create streets 6 697,978. Ital state or province, country, and ZIP or foreign postal code Will.MINGTON, NY 12997 H(e) is this a group return for subordinates? Yes X No I tax exempt state: XUSABLERTIVER.ORG If No,° attach alls ts ee instructions H(e) Group exemption number H(f) or address instructions H(f) or address instructions Part II Summary 1 Briefly describe the organization's mission or most significant activities: THE AUSABLE RIVER ASSOCIATION PROVIDES PUBLIC EDUCATION, SCIENTIFIC MONITORING AND STREAM 2 Check this box I the organizatin discondinude its operations or disposed of more than 25% of i		Addr		BLE RIVER ASSOCIATION, INC.					
Image: Second		Name	e			14-180	9764		
PO BOX 8 518-637-6859 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts 3 697,978. Will MINGTON, NY 12997 H(a) Is this a group return for subordinates (model) Form of organization: Form of organization: Second code (model) No I Taxexempt status: X 501(c)(3) 501(c)(- (mset nc.) 494/(a)(1) or 527 H(a) Is this a group return for subordinates (model) No I Taxexempt status: X 501(c)(3) 501(c)(- (mset nc.) 494/(a)(1) or 527 H(b) Are all autordinates model) Yes in No I Taxexempt status: X 501(c)(3) 501(c)(- (mset nc.) 494/(a)(1) or 527 H(c) Group exemption number Part I Summary I Briefly describe the organization's mission or most significant activities: THE AUSABLE RIVER ASSOCIATION PROVIDES PUBLIC EDUCATION, SCIENTIFIC MONITORIA AND STREAM 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 4 Number of independent voting members of the governing body (Part V, line 1a) 3 100 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 100 6 Total number of voting members o		Initia			Room/suite				
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Milester WILMINGTON, NY 12997 H(a) Is this a group return for subordinates? Yes No Important Instead F Name and address of principal officer: KELLEY TUCKER I 181 HASELTON ROAD, WILMINGTON, NY 12997 H(a) Is this a group return for subordinates? Yes No I Tax exempt status: X 1501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Webster AUSABLERIVER.ORG H(b) Read address of principal officer: KELLEY Turk comparization: X Corporation Introductor No Part II Summary Briefly describe the organization's mission or most significant activities: THE AUSABLE RIVER ASSOCIATION Provide describe the organization's mission or most significant activities: THE AUSABLE RIVER ASSOCIATION Provide describe the organization's members of the governing body (Part VI, line 1a) 3 10 4 Number of voluing members of the governing body (Part VI, line 1b) 4 9 5 Total number of individuats employed in calendar year 2022 (Part VI, line 2a) 5 10 6 Total unrelated business revenue from Part VII, column (O, line 12 7a 0 9 Program service revenue (Part VII, line 1h) 781, 805. 560, 467. 3 10 </td <td></td> <td>termi</td> <td>n-</td> <td>wn, state or province, country, and ZIP or foreign postal code</td> <td></td> <td></td> <td></td> <td></td>		termi	n-	wn, state or province, country, and ZIP or foreign postal code					
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8 Contributions and grants (Part VIII, line 1h) 781,805. 560,467. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 4. 3. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -6,239. -3,547. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 0. 0. 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), line 5.10) 336,227. 396,546. 16a Professional fundraising fees (Part IX, column (A), line 25) 16,076. 16,076. 17 Other expenses (Part IX, column (A), line 25) 16,076. 17 590,061. 758,897. 19 Revenue less expenses. Subtract line 18 from line 12 238,492. -64,4466. 238,492. -64,4466. 20 Total assets (Part X, line 16) 238,934. 386,539. 17,765. 44,836. 341,703. <t< td=""><td></td><td>b</td><td>Net unrelated I</td><td>business taxable income from Form 990-T, Part I, line 11</td><td><u></u></td><td></td><td><u>7b</u></td><td></td></t<>		b	Net unrelated I	business taxable income from Form 990-T, Part I, line 11	<u></u>		<u>7b</u>		
9 Program service revenue (Part VIII, line 2g) 52,983. 137,508. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4. 3. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -6,239. -3,547. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 828,553. 694,431. 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), line 5-10) 336,2277. 396,546. 16a Professional fundraising expenses (Part IX, column (D), line 25) 16,076. 0. 0. 17 Other expenses (Part IX, column (D), line 25) 16,076. 253,834. 362,351. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2590,061. 758,897. 19 Revenue less expenses. Subtract line 18 from line 12 238,492. -64,466. 20 Total assets (Part X, line 16) 423,934. 386,539. 21 Total liabilities (Part									
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true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date			
Here	KELLEY TUCKER, EXECUTIVE	DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date				
Paid	GARY MEAL	GARY MEAL	06/19	/23 self-employed P01401229			
Preparer	Firm's name BONADIO & CO., LL	P		Firm's EIN 16-1131146			
Use Only	Firm's address 6 WEMBLEY CT						
	ALBANY, NY 12205			Phone no. (518) 464-4080			
May the II	May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	AUSABLE RIVER ASSOCIATION, INC. 14-1809764 Page rt III Statement of Program Service Accomplishments
ral	
1	Check if Schedule O contains a response or note to any line in this Part III
•	THE AUSABLE RIVER ASSOCIATION PROVIDES PUBLIC EDUCATION, SCIENTIFIC
	MONITORING AND STREAM RESTORATION SERVICES TO IMPROVE THE HEALTH AND
	RESILIENCE OF THE AUSABLE RIVER FOR THE BENEFIT OF ECOSYSTEMS AND THE
	AUSABLE WATERSHED COMMUNITIES OF ESSEX AND CLINTON COUNTIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	THE AUSABLE RIVER ASSOCIATION (ASRA) WORKS BROADLY TO PROTECT THE
	AUSABLE RIVER FOR ITS ECOLOGICAL VALUE AND ITS VALUE TO THE HUMAN
	COMMUNITIES THAT CARE FOR AND ENJOY ITS MANY BENEFITS. WE ORGANIZE OUR
	WORK INTO THREE BROAD PROGRAM AREAS:
	A) IDENTIFY AND UNDERSTAND WATERSHED RESOURCES -ASRA SUPPORTS AND
	IMPLEMENTS SCIENCE, DATA COLLECTION, AND INFORMATION SHARING PROJECTS.
	OUR GOAL IS TO UNDERSTAND AND DOCUMENT CURRENT PROBLEMS AND MEASURE THE
	EFFECTIVENESS OF SOLUTIONS TO MANAGE, PROTECT, AND RESTORE THE AUSABLE
	RIVER WATERSHED;
	B) CONSERVE AND STEWARD WATERSHED RESOURCES- ASRA WORKS TO CREATE AN
	ETHIC OF RIVER STEWARDSHIP - A SENSE OF COMMON PURPOSE AND SHARED GOALS
	FOR PROTECTING THE RIVER AMONG PRIVATE LANDOWNERS, RESIDENTS, BUSINESS
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.)
4d	
4d	(Expenses \$ including grants of \$) (Revenue \$)
4d 4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 607,490.
	Total program service expenses 607,490. Form 990 (202
4e	Total program service expenses 607, 490.

Form	990	(2022)

 Form 990 (2022)
 AUSABLE RIVER ASSOCIATION, INC.

 Part 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
11	as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	x	
h	Part VI	110		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
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		_X_
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		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	900	
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Form	990	(2022)
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 Form 990 (2022)
 AUSABLE RIVER ASSOCIATION, INC.
 14-1809764
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
لم	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>24u</u>		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussified person during the voor? (6) Voor?	25a		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		- 23
30	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00		L
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		Х
232004	4 12-13-22	Form	990	(2022)

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2022.03050 AUSABLE RIVER ASSOCIATION AUS01001

Form	990 (2022) AUSABLE RIVER ASSOCIATION, INC. 14-180	9764	P	age 5
Par				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	_		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	12-13-22	Form	990	(2022)

Form	990	(2022)

AUSABLE RIVER ASSOCIATION, INC.

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

14-1809764 Page **6**

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

		1 1	4 a E		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	· · · · · · · · · · · · · · · · · · ·	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?		L	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?	•		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		····· F			
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		······ F			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		E F			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
		,			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		L	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filing the fo	orm?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		L	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // ">	Yes," describe				
	on Schedule O how this was done		L'	12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?		ト	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	al by independent				
а	The organization's CEO, Executive Director, or top management official			15a		X
	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?		L	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's				
	exempt status with respect to such arrangements?		<u></u>	16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section 50	01(c)(3)s c	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	licy, and f	inanc	ial	
	statements available to the public during the tax year.		-			
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records				
20						
20	<u>KELLEY TUCKER - 518-637-6859</u> 1181 HASELTON RD., WILMINGTON, NY 12997					

Part VII	Compensation of Officers, Directors	s, Trustees, Key Employees,	Highest Compensated
	Employees, and Independent Contra	actors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	tle Average Position Reportable (do not check more than one box, unless person is both an figure radii outper the dimeter (mutate)		compensation	(E) Reportable compensation	(F) Estimated amount of				
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) KELLEY TUCKER EXECUTIVE DIRECTOR	35.00			x			78,016.	0.	6,310.
(2) JOHN SCHULER	0.00			^			78,010.	0.	0,510.
DIRECTOR	0.00	x					0.	0.	0.
(3) WALLLACE WALTERS	0.00								
CHAIR		х		x			0.	0.	0.
(4) KENNETH BROWNELL	0.00								
DIRECTOR		Х					0.	0.	0.
(5) JOHN BRAICO	0.00								
DIRECTOR		х					0.	0.	0.
(6) ELIZABETH CLARKE	0.00								
VICE CHAIRMAN	0.00	Х		Х			0.	0.	0.
(7) AUDREY HYSON SECRETARY	0.00	x		x			0.	0.	0.
(8) CHARLIE COWAN	0.00	~		<u> </u>			0.	0.	0.
TREASURER	0.00	x		x			0.	0.	0.
(9) RICHARD CONNEY	0.00								
DIRECTOR		х					0.	0.	0.
(10) CHRISTIAN BRAMMER	0.00								
DIRECTOR		Х					0.	0.	0.
		-							
		-							
		-							<u> </u>
		-							
		-							
									Form 990 (2022)

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Form 990 (2022)

	USABLE RIVE	ER ASS	SOC	ΓAΤ	'I0	Ν,	Ι	NC.	14-18	1097	764	Pa	age 8
Part VII Section A. Officers, D	irectors, Trustees, I	Key Empl	oyees	, and	l Hig	ghest	Co	ompensated Employee	s (continued)				
(A) Name and title	Av hou	urs per t	(do not box, unle officer a	Pos check ess per	rson is	than or s both a	an	(D) Reportable compensation	(E) Reportable compensation		am	(F) timate	
	(lis hou re orgar bo		In dividual trustee or director Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS 1099-NEC)	s	com fro orga and	other pensa om the anizati d relate anizatio	e ion ed
			<u>= </u>	Of	Ke	E I	2						
			+										
1b Subtotal								78,016.		0.		<u>د ۲</u>	10.
1b Subtotal c Total from continuation sho <u>d Total (add lines 1b and 1c)</u>	eets to Part VII, Sect	tion A						0.		0.		5,31	0.
2 Total number of individuals (compensation from the orga	•	ted to tho	se liste	ed ab	ove)) who	re	ceived more than \$100,	000 of reportable		<u> </u>	Yes	0 No
3 Did the organization list any line 1a? If "Yes," complete S										[3	Tes	X
 4 For any individual listed on li and related organizations gre 5 Did any person listed on line 	eater than \$150,000?	If "Yes,"	comp	lete S	Sche	dule	J fo	or such individual	-		4		X
rendered to the organization	? If "Yes," complete :										5		Х
Section B. Independent Contract Complete this table for your the organization. Report con	five highest compens									ensat	ion frc	om	
	(A) e and business addre		NON					(B) Description of s		C	(C omper		n
2 Total number of independen \$100,000 of compensation f			t limite	d to t	thos 0	e liste)	ed a	above) who received mo	ore than				

Pa	rt VI	Statement of Reve	enue					
		Check if Schedule O co	ntains a response	or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d f g	Fundraising events Related organizations Government grants (contribu All other contributions, gifts, gra similar amounts not included at	1b 1c 1d utions) 1e ants, and 1f	7,007. 243,508. 309,952.				
an	h	Total. Add lines 1a-1f			560,467.			
				Business Code				
Program Service Revenue	b c d e				137,508.	137,508.		
-	f				137,508.			
	3 4	Investment income (includin other similar amounts) Income from investment of t	ng dividends, intere tax-exempt bond p	est, and roceeds	3.			3.
	5	Royalties						
	6a b c	Less: rental expenses	(i) Real 5a 5b 6c	(ii) Personal				
		Net rental income or (loss) Gross amount from sales of	(i) Securities	(ii) Other				
Revenue		Less: cost or other basis and sales expenses	7a 7b 7c					
Seve		Net gain or (loss)						
Other F	8 a	Gross income from fundraising including \$ 7, contributions reported on lin Part IV, line 18 Less: direct expenses	events (not 007. of ne 1c). See 8a	0.				
		Net income or (loss) from fu			-3,547.			-3,547.
		Gross income from gaming a Part IV, line 19 Less: direct expenses						
		Net income or (loss) from ga						
	10 a	Gross sales of inventory, les and allowances Less: cost of goods sold	ss returns 10 a	3				
		Net income or (loss) from sa						
Miscellaneous Revenue				Business Code				
Seve	С							
Mis		All other revenue						
	<u>е</u> 12	Total Add lines 11a-11d			694,431.	137,508.	0.	-3,544.
23200	9 12-13	Total revenue. See instructions	J		~~ <u>~</u> , ±J 1 •	,500.		Form 990 (2022)

AUSABLE RIVER ASSOCIATION, INC.

Form 990 (2022)

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14-1809764

AUSABLE RIVER ASSOCIATION, INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 2,530. 64,931. 16,865. 84,326. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 268,773. 206,955. 53,755. 8,063. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 43,447. 33,454. 8,689. 1,304. Other employee benefits 9 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 10,348. 10,348. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 38,213. 38,213. column (A), amount, list line 11g expenses on Sch 0.) 9,353. 9,181. 172. Advertising and promotion 12 3,903. 3,328. 575. Office expenses 13 17,524. 13,493. 3,505. 526. Information technology 14 15 Royalties 9,240. 12,000. 2,400. 360. 16 Occupancy 16,114. 15,470. 644. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 3,218. 3,218. Depreciation, depletion, and amortization 22 3,915. 3,915. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 120,351. 120,351. MATERIALS а SUBCONTRACTORS 102,434. 102,434. h 8,527. 2,212. 6,315. PRINTING С 8,049. 8,049. PROFESSIONAL DEVELOPMEN d 2,949. 5,119. 8,402. 334. e All other expenses 758,897. 607,490. 135,331. 16,076. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

232010 12-13-22

Form 990 (2022)

09550619 784124 AUS010001

Form 990 (2022)
Part X Balance Sheet AUSABLE RIVER ASSOCIATION, INC.

Part /		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			200,555.	1	145,058.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			42,531.	4	50,916
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
<u>ه</u> ا	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
S Š	9				1,231.	9	308
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	198,982.			
	b	Less: accumulated depreciation		9,225.	179,117.	10c	189,757
1		Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line				12	
1:	3	Investments - program-related. See Part IV, line				13	
14	4	Intangible assets				14	
1	5	Other assets. See Part IV, line 11			500.	15	500
16	6	Total assets. Add lines 1 through 15 (must equ			423,934.	16	386,539
17	7	Accounts payable and accrued expenses			17,765.	17	44,836
18	8	Grants payable				18	
19	9	Deferred revenue				19	
20	0	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complete				21	
v 22	2	Loans and other payables to any current or form					
itie		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ons		22	
<u>2</u> ا	3	Secured mortgages and notes payable to unrela	ated thi	d parties		23	
24	4	Unsecured notes and loans payable to unrelated				24	
2	5	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X			
		of Schedule D				25	
26	6	Total liabilities. Add lines 17 through 25			17,765.	26	44,836
		Organizations that follow FASB ASC 958, che	ck her	e X			
Sec		and complete lines 27, 28, 32, and 33.					
un 127	7	Net assets without donor restrictions			406,169.	27	341,703
8 28	8	Net assets with donor restrictions				28	
P		Organizations that do not follow FASB ASC 9					
요		and complete lines 29 through 33.					
ັ ທີ 29	9	Capital stock or trust principal, or current funds				29	
왕 30	0	Paid-in or capital surplus, or land, building, or ed				30	
8 З.	1	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances 5. 5. 5. 7. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	2	Total net assets or fund balances			406,169.	32	341,703
2 3	3				423,934.	33	386,539

Form **990** (2022)

	AUSABLE RIVER ASSOCIATION, INC.	14-18	09764	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	. <u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	694		
2	Total expenses (must equal Part IX, column (A), line 25)	2	758		
3	Revenue less expenses. Subtract line 2 from line 1	3	-64		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	406	5,10	<u>59.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	341	.,7(03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	····	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a			. 2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2022)

SCH	EDU	ILE	Α

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

Nam	e of t	he organization							identification number
		AUSA	BLE RIVER	ASSOCIATION,	INC.				4-1809764
Pa	tl	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The o	organi	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	ו 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10	Х	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	Ifter June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
		its supported organizatio	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	<pre>/ integrated. A supp</pre>	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functior	nally integrated supporting	ng organiz	ation.			
		er the number of supported o	•						
g		vide the following information i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monoton	(vi) Amount of other
	,	organization		(described on lines 1-10	(iv) Is the orga in your governi		support (see ir		support (see instructions)
				above (see instructions))	Yes	No		,	
Tota									

Schedule A	(Form	990	2022
		000	1 2022

AUSABLE RIVER ASSOCIATION, INC.

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support		1	1	1	1	
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the	-			-		
80	organization, check this box and sto ction C. Computation of Publ						
			-	a a lu una (f))			
	Public support percentage for 2022 (14	<u>%</u>
	Public support percentage from 2021 a 33 1/3% support test - 2022. If the						%
106	stop here. The organization qualifies	-					
,	33 1/3% support test - 2021. If the		-			or more check th	
	and stop here. The organization qua						
17:	a 10% -facts-and-circumstances test					and line 14 is 10%	
176	and if the organization meets the fact						
	meets the facts-and-circumstances te				•	vinow the organiz	
ł	10% -facts-and-circumstances test	-		• • • •	•	17a, and line 15 is	 10% or
	more, and if the organization meets the	-	-				
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•				s
			···- · - , · •	, , ,	,		(Form 990) 2022

AUSABLE RIVER ASSOCIATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	294,668.	345,473.	716,481.	828,549.	694,427.	2879598.
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	32.	21.	9.	4.	3.	69.
3	Gross receipts from activities that						
•	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	294,700.	345,494.	716,490.	828,553.	694,430.	2879667.
	Amounts included on lines 1, 2, and 3 received from disgualified persons						0.
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						0.
	Add lines 7a and 7b						0. 2879667.
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support							20/900/.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	294,700.	345,494.	716,490.	828,553.	694,430.	2879667.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	32.	21.	9.	4.	3.	69.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	32.	21.	9.	4.	3.	69.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	294,732.	345,515.	716,499.	828,557.	694,433.	2879736.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	n,
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))			<u>100.00 %</u>
	Public support percentage from 2021					16	100.00 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20					17	.00 %
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	-					
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the	•					
	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins		
23202	23 12-09-22					Schedule A	(Form 990) 2022

¹⁵ 2022.03050 AUSABLE RIVER ASSOCIATION AUS01001

AUSABLE RIVER ASSOCIATION, INC.

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Yes No

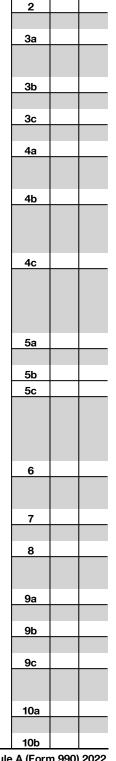
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22



Schedule A (Form 990) 2022

Sche	edule A	(Form 990) 2022 AUSABLE RIVER ASSOCIATION, INC.	14-10	09/6	4 Pa	age 5
Part IV Supporting Organizations (continued)						
			_		Yes	No
11	11 Has the organization accepted a gift or contribution from any of the following persons?					
а	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and					
	11c b	pelow, the governing body of a supported organization?		11a		
b	A fan	nily member of a person described on line 11a above?		11b		

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

ee instructions)	the vear	Test during the	the Integral Part To	organization used to satisfy	Check the box next to the method that th	1
eeı	the year	lest during the	the Integral Part 1	organization used to satisfy	Check the box next to the method that th	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌] The organization supported a governmental entity	Describe in Part VI how you supported a governmental entity (see instructions).
-----	--	---

17

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

110

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 Schedule A (Form 990) 2022
 AUSABLE RIVER ASSOCIATION, INC.

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

1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus	t complete	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2022

232026 12-09-22

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Schedule A (Form 990) 2022

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

4 Amounts paid to acquire exempt-use assets

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

Section D - Distributions

3

Schedule A (Form 990) 2022

5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
е	From 2021				
f	f Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
_	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

AUSABLE RIVER ASSOCIATION, INC.

e 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Current Year

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				_	I ag

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Schedule A	(Form 990) 2022	AUSABLE	RIVER	ASSOCI	ATION,	INC.	14-1809764 Page 8
Part VI	line 1: Part IV. Section	n D. lines 2 and 3: Pa	rt IV. Sectio	n E. lines 1c.	2a. 2b. 3a. a	nd 3b: Part V. line	e 17a or 17b; Part III, line 12; 3, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V, 7 additional information.
232028 12-09-2	2			20			Schedule A (Form 990) 2022

SCHEDULE	Đ
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(Form	990)
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Part I

Supplemental Financial Statements

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

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

to Public Inspection Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service				
Name of the organizati				

AUSABLE RIVER ASSOC	IATION, INC.	14-1809764						
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the								
organization answered "Yes" on Form 990, Part IV, line 6.								
	(a) Donor advised funds	(b) Funds and other accounts						
umber at end of year								
ate value of contributions to (during year)								

1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fun	ds					
	are the organization's property, subject to the organization's exclusive legal control?		C	Yes	🗌 No		
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used o						
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	ing					
	impermissible private benefit?			Yes	No No		
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	, line 7					
1	Purpose(s) of conservation easements held by the organization (check all that apply).						
	Preservation of land for public use (for example, recreation or education)	orically	importa	nt land area	a		
	Protection of natural habitat Preservation of a cert	ified hi	storic str	ucture			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nserva	ation ease	ement on th	ne last		
	day of the tax year.		Held at	the End of th	ie Tax Year		
а	Total number of conservation easements	2a					
b	Total acreage restricted by conservation easements	2b					
с	Number of conservation easements on a certified historic structure included in (a)	2c					
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a						
	historic structure listed in the National Register	2d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization	during th	ne tax			
	year						
4	Number of states where property subject to conservation easement is located						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it holds?		[Yes	No No		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on ease	ements d	uring the y	ear		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	semer	its during	the year			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(i)	_				
	and section 170(h)(4)(B)(ii)?		C	Yes	No No		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten	nent ar	nd				
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
_	organization's accounting for conservation easements.			-			
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Simila	ir Asse	ts.			

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990 Part VIII line 1 ¢

	(i) nevenue included on Form 390, Fait viil, line i	Ψ
	(ii) Assets included in Form 990, Part X	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid	
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

Schedule D	Form 99	0) 2022

Sche		RIVER ASSO						14-18			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	Other \$	Similar	Assets	(contir	nued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 L	oan or exc	change prograr	n					
b	Scholarly research	e	, 🗌 c	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	y further t	he organizatior	ı's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hist	orical trea	sures, or other	similar a	ssets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	organizatio	on answered "Y	′es" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod								-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tal	ble:							
									Amoun	t	
	Beginning balance						1c				
	Additions during the year						1d				
-	Distributions during the year						1e				
t	Ending balance						1f		7.,		.
	Did the organization include an amount on F							∟	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete										
1 41		(a) Current year		ior year	(c) Two years			ears back	(e) Fou	vears	hack
10	Paginning of year balance	(a) Guirent year		ior year			aj 111100 y		(0) 1 001	yours	buok
1a 5	Beginning of year balance										
u o	Contributions										
с d	Grants or scholarships										
	Other expenditures for facilities										
e											
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent vear end balance	e (line 1a	column (a)) held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_/*								
c	Term endowment	%									
•	The percentages on lines 2a, 2b, and 2c sho	- · -									
3a	Are there endowment funds not in the posse		ation that	are held a	nd administere	d for the					
	organization by:	0								Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• •	cumulate reciation	d	(d) Boo	k valu	e
19									00.		
b	Land			<u> </u>					<u> </u>	.,	
	Buildings Leasehold improvements										
	Equipment										
	Other			1	3,982.		9,22	25.	2.	4,7	57.
	. Add lines 1a through 1e. (Column (d) must e		X colum							<u>9,7</u>	
1010		guai runni 990, Part		וווופ ו	<u>vv.</u> ,						

Schedule D (Form 990) 2022

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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	an Fauna 000 Bast IV/ line	11- Cas Form OOD Dark V line 10	
Complete if the organization answered "Yes" (a) Description of investment			
	(b) Book value	(c) Method of valuation: Cost or end	or-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7) (8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
-	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide			hat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

09550619 784124 AUS010001

(b) BOOK value	(c) Method of Valuation. Cost of end-of-year market value
on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.
(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	on Form 990, Part IV, line 1

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c c Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and loses per audited financial statements 2a 2 <t< th=""><th>Sche</th><th>dule D (Form 990) 2022 AUSABLE RIVER ASSOCIATIO</th><th>N, INC.</th><th>14-1809764 Page 4</th></t<>	Sche	dule D (Form 990) 2022 AUSABLE RIVER ASSOCIATIO	N, INC.	14-1809764 Page 4
1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 2e a Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4a 4b c Add lines 4a and 4b 4c 5 c Add lines 4a and 4b 4c 5 Total expenses not included on Form 990, Part II. line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answerd "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and use of facilities 1 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 1 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 2b 2c 3 4 Amounts included on Form 990, Part IV, line 25:<	Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Rever	nue per Return.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains (losses) on investments 2b b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 3 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 2a 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 2b b Prior year adjustments 2a c Other (Describe in Part XIII.) 2d <		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
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b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answerd "Yes" on Form 990, Part I. line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answerd "Yes" on Form 990, Part IV, line 12a. 1 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: 2b 2c 2 Donated services and use of facilities 2b 2c 2d 4 Amounts included on Form 990, Pa	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Jambe 2a through 2d 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 2e 3 Subtract line 2e from line 1 4 4a 4 4a 4 4a	а	Net unrealized gains (losses) on investments	2a	
d Other (Describe in Part XIII.) 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV. line 12a. 1 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: 2a a Donated services and use of facilities 2a b Prior year adjustments 2d c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 3 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part XIII. 3 4 Add lines 2a through 2d 3 3	b	Donated services and use of facilities	2b	
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4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 2a 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c 4	е	Add lines 2a through 2d		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 2a 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b c 4	3	Subtract line 2e from line 1		
b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I. line 12.</i>) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 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: 2a a Donated services and use of facilities 2a b Prior year adjustments 2b 2c c Other (Describe in Part XIII.) 2d 2e 3 4d lines 2a through 2d 2e 3 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 4 Amounts included on Form 990, Part IX, line 7b 4a b Other (Describe in Part XIII.) 4b 4c 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I. line</i> 18.) 5	4			
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 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: 2a a Donated services and use of facilities 2a b Prior year adjustments 2b 2c c Other losses 2c 2d d Other (Describe in Part XIII.) 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4a 4b c Add lines 4a and 4b 4c 5	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
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Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 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: 2a 1 a Donated services and use of facilities 2a 2a 1 b Prior year adjustments 2b 2c 2d 2d c Other losses 2c 2d 2e 3 3 d Other (Describe in Part XIII.) 2d 2e 3 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 4 4a 4a 4a 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 5 5	С	Add lines 4a and 4b		
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2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		· · · · · · · · · · · · · · · · · · ·		
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d Other (Describe in Part XIII.) 2d 2e e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	b			
e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	С	Other losses		
3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) 5	d			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	е			
a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	3			
b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	4		1 1	
c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,) 5	а			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5			4b	
	С			
Part XIII Supplemental Information.	5			

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

232054 09-01-22

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



AUSABLE RIVER ASSOCIATION, INC. 14-1809764

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESTORATION SERVICES TO IMPROVE THE HEALTH AND RESILIENCE OF THE

AUSABLE RIVER FOR THE BENEFIT OF ECOSYSTEMS AND THE AUSABLE WATERSHED

COMMUNITIES OF ESSEX AND CLINTON COUNTIES.

PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990,

OWNERS, MUNICIPALITIES, AND OTHERS;

RESTORE THE AUSABLE RIVER- ASRA INTEGRATES NATURAL STREAM

RESTORATION PLANNING AND TECHNIQUES INTO PUBLIC STORM RESPONSE

INFRASTRUCTURE DEVELOPMENT, ROAD MAINTENANCE, AND PRIVATE PROJECTS THAT

WILL IMPROVE THE ECOLOGY, MORPHOLOGY AND HYDROLOGY OF THE RIVER.

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

GOVERNING DOCUMENTS DISCLOSURE EXPLAINATION UPON REQUEST AND BOARD

APPROVAL.

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

BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY REVIEW

AND SIGN THE CONFLICT OF INTEREST POLICY.

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

GOVERNING DOCUMENTS DISCLOSURE EXPLAINATION UPON REQUEST AND BOARD

APPROVAL.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

2022 DEPRECIATION AND AMORTIZATION REPORT

FOI

FORM 99	00 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	OFFICE CUBILES	04/01/19	SL	7.00		16	11,435.				11,435.	4,492.		1,634.	6,126.
2	OFFICE CUBICLES (ADDITIONAL)	08/01/19	SL	7.00		16	1,569.				1,569.	542.		224.	766.
3	OFFICE CUBICLES	12/14/20	SL	7.00		16	1,121.				1,121.	173.		160.	333.
4	XYLEM SCIENTIFIC EQUIPMENT	04/30/21	SL	5.00		16	6,000.				6,000.	800.		1,200.	2,000.
5	LAND	12/31/21	L	.000			165,000.				165,000.			٥.	
6	LAND DEVELOPMENT COSTS	01/01/24	NC	.000	НҮ		13,857.				13,857.			0.	
	* TOTAL 990 PAGE 10 DEPR						198,982.				198,982.	6,007.		3,218.	9,225.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

AUSABLE RIVER ASSOCIATION, INC. PO BOX 8 WILMINGTON, NY 12997

PREPARED BY:

BONADIO & CO., LLP 6 WEMBLEY CT ALBANY, NY 12205

AMOUNT OF TAX:

BALANCE DUE OF \$125

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

THE NEW YORK FORM FORM CHAR500 SHOULD BE FILED VIA THE WEB AT: HTTPS://CHARITIESNYS.COM/ANNUAL_FILING.HTML

RETURN MUST BE MAILED ON OR BEFORE:

PLEASE FILE AS SOON AS POSSIBLE.

SPECIAL INSTRUCTIONS:

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1. General Information								
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2022 and Ending (mm/dd/yyyy) 12/31/2022								
Check if Applicable:	Name of Organization: AUSABLE RIVER	INC.	Employer Identification Number (EIN): 14-1809764					
Name Change	Mailing Address: PO BOX 8		NY Registration Number: 06-54-23					
Initial Filing	City / State / ZIP: WILMINGTON, NY	12997	Telephone:					
Amended Filing Reg ID Pending	Website:			Email:				
AUSABLERIVER.ORG SARAH@AUSABLER								
Check your organization's registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com</u> .								
2. Certification								
See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.								
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.								
President or Authorized	Officer:		KELLEY TUC EXECUTIVE					
Signature Print Name and Title Date CHARLES COWAN								
Chief Financial Officer of	r Treasurer: Signature		TREASURER Print Name and Title Date					
3. Annual Reporting	Exemption							
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees. <u>3a. 7A filing exemption</u> : Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.								
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.								
4. Schedules and A	ttachments							
See the following page for a checklist of schedules and attachments to complete your filing. Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.								
5. Fee								
See the checklist on the next page to calculate your fee(s). Indicate fee(s) you								
are submitting here:	\$ <u>25.</u>	\$ <u>100.</u>	\$ <u>125.</u>	"Department of Law"				
L CHAR500 Annual Filing for Charitable Organizations (Updated January 2022) *The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.								

Page 1

AUSABLE RIVER ASSOCIATION TNC

RODUDI KIVIK RODO	CINITON, INC.
CHAR500 Annual Filing Checklist	Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF: - Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3. - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3. - Your organization is registered as DUAL and you marked <u>both</u> the 7A and EPTL filing exemption in Part 3.
Checklist of Schedules and	d Attachments
If you answered "yes" in Part 4	nit with your CHAR500 as described in Part 4: 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) 4b, submit Schedule 4b: Government Grants
disclosure and will not be avai	·PF, and 990-T if applicable chedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from
X Review Report if you received Audit Report if you received to If the fiscal year begins before No Review Report or Audit Re	abmit the applicable independent Certified Public Accountant's Review or Audit Report: total revenue and support greater than \$250,000 and up to \$1,000,000 otal revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021. In that date, an Audit Report is required if total revenue and support is greater than \$750,000 opport is required because total revenue and support is less than \$250,000 ked box 3a, no Review Report or Audit Report is required
Calculate Your Fee	
For 7A and DUAL filers, calculate the	e 7A fee: B my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon

\$0, if you checked the 7A exemption in Part 3a

X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\fbox \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 pr more but less than \$50,000,000 or more but less than \$50,000,000
\$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

268461 01-24-23 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

the

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information	
Name of Organization:	NY Registration Number:
AUSABLE RIVER ASSOCIATION, INC.	06-54-23
2. Government Grants	
Name of Government Agency	Amount of Grant
1. US FISH AND WILDLIFE SERVICE	1. 26,925.
2. LAKE CHAMPLAIN BASIN PROGRAM	2. 216,583.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 243,508.

3

268481 01-24-23 1019 CHAR500 Schedule 4b: Government Grants (Updated January 2022)