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GOVERNMENT COPY

# Bonadio & Co., LLP Certified Public Accountants

**NOVEMBER 13, 2018** 

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

AUSABLE RIVER ASSOCIATION, INC.:

ENCLOSED IS THE ORGANIZATION'S 2017 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2018.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

BONADIO & CO., LLP

# Bonadio & Co., LLP Certified Public Accountants

**NOVEMBER 13, 2018** 

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

AUSABLE RIVER ASSOCIATION, INC.:

WE HAVE PREPARED AND ENCLOSED YOUR 2017 NEW YORK FORM CHAR500, ANNUAL FILING REPORT. THE REPORT SHOULD BE SIGNED, DATED, AND MAILED AS INDICATED.

**NEW YORK FORM CHAR500:** 

THE NEW YORK FORM CHAR500 SHOULD BE MAILED AS SOON AS POSSIBLE TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

ENCLOSE A CHECK OR MONEY ORDER FOR \$75, PAYABLE TO DEPARTMENT OF LAW.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

BONADIO & CO., LLP

Form **8879-EO** 

## IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2017, or fiscal year beginning	, 2017, and ending	, 20

Department of the Treasury	▶ Do not send to the IRS. Keep for your records.		<b>ZU 17</b>
Internal Revenue Service	► Go to www.irs.gov/Form8879EO for the latest information		ar identification number
Name of exempt organization		Employ	er identification number
AUSABLE RIVER	ASSOCIATION, INC.	14-	1809764
Name and title of officer			
KELLEY TUCKER	патор		
EXECUTIVE DIR	ECTOR  Return and Return Information (Whole Dollars Only)		
on line <b>1a, 2a, 3a, 4a,</b> or <b>5</b>	rn for which you are using this Form 8879-EO and enter the applicable amoun <b>a,</b> below, and the amount on that line for the return being filed with this form vank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the	was blank, then leave e applicable line belo	be line 1b, 2b, 3b, 4b, or 5b, ow. Do not complete more
1a Form 990 check here			
2a Form 990-EZ check he			
3a Form 1120-POL check	·		
4a Form 990-PF check he	· · · · · · · · · · · · · · · · · · ·		
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	3k	
Part II Declarat	ion and Signature Authorization of Officer		
(a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected a	der, transmitter, or electronic return originator (ERO) to send the organization's of receipt or reason for rejection of the transmission, <b>(b)</b> the reason for any delepplicable, I authorize the U.S. Treasury and its designated Financial Agent to a linstitution account indicated in the tax preparation software for payment of the stitution to debit the entry to this account. To revoke a payment, I must contain a business days prior to the payment (settlement) date. I also authorize the payment of taxes to receive confidential information necessary to answer in a personal identification number (PIN) as my signature for the organization's elelectronic funds withdrawal.	lay in processing the initiate an electronic he organization's fect the U.S. Treasury in financial institutions and resolve is	return or refund, and (c) funds withdrawal (direct deral taxes owed on this Financial Agent at s involved in the ssues related to the
Officer's PIN: check one	box only		
X I authorize BO	NADIO & CO., LLP	to enter	-
	ERO firm name		Enter five numbers, bu do not enter all zeros
is being filed wit enter my PIN on As an officer of indicated within	on the organization's tax year 2017 electronically filed return. If I have indicate h a state agency(ies) regulating charities as part of the IRS Fed/State program the return's disclosure consent screen.  The organization, I will enter my PIN as my signature on the organization's tax this return that a copy of the return is being filed with a state agency(ies) regulater my PIN on the return's disclosure consent screen.	n, I also authorize the	aforementioned ERO to
Officer's signature 🕨	Date	<b>&gt;</b>	
Part III Certifica	tion and Authentication		
	our six-digit electronic filing identification		
	your five-digit self-selected PIN. 14227	212205 ter all zeros	
	neric entry is my PIN, which is my signature on the 2017 electronically filed reng this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized se Returns.		
ERO's signature ►	Date	<b>&gt;</b>	
	ERO Must Retain This Form - See Instruction Do Not Submit This Form to the IRS Unless Requester		

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

#### EXTENDED TO NOVEMBER 15, 2018

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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. and ending

A F	A For the 2017 calendar year, or tax year beginning and ending									
	heck if pplicable	C Name of organization		D Employer identific	cation number					
	Addres change Name	AUSABLE RIVER ASSOCIATION, INC.			000564					
	change	Doing business as		14-1809764						
	return _Final _return/	Number and street (or P.O. box if mail is not delivered to street address)  PO BOX 8	Room/suite	E Telephone number 518-637-6859						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 357,732.						
	Amend			H(a) Is this a group re						
	Application			for subordinates? Yes X No						
	pendin	1181 HASELTON ROAD, WILMINGTON, NY 129	97	H(b) Are all subordinates included? Yes No						
T T	ax-exe	mpt status: X 501(c)(3)		1	list. (see instructions)					
		e: ► AUSABLERIVER.ORG		H(c) Group exemptio						
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile: NY					
	art I	Summary	1 - 100.		otato or rogar dominono,					
	1	Briefly describe the organization's mission or most significant activities: $\underline{ ext{THE}}$	AUSABL	E RIVER ASSO	OCIATION					
Activities & Governance		PROVIDES PUBLIC EDUCATION, SCIENTIFIC MON								
nar		Check this box  if the organization discontinued its operations or dispos								
Ver	l .	-		3	11					
ဗွ	I	Number of independent voting members of the governing body (Part VI, line 1b)			11					
م در		Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)			4					
ij		Total number of volunteers (estimate if necessary)			59					
₽		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.					
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.					
				Prior Year	Current Year					
_	8	Contributions and grants (Part VIII, line 1h)		219,246.	319,701.					
Revenue	l .	Program service revenue (Part VIII, line 2g)		0.	28,082.					
	l .	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		15.	13.					
æ	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
	l .	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		219,261.	347,796.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	l .	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
	45 .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		81,925.	177,188.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
oen	h.	Fotal fundraising expenses (Part IX, column (D), line 25)	58.	<b>V</b> .						
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		146,139.	181,907.					
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		228,064.	359,095.					
		Revenue less expenses. Subtract line 18 from line 12		-8,803.	-11,299.					
- Se		Teverido 1655 experiodo. Gubitast fino 16 from fino 12	Re	ginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)		78,610.	135,086.					
Ass( Bal	21	Fotal liabilities (Part X, line 26)		2,008.	69,783.					
Net	22	Net assets or fund balances. Subtract line 21 from line 20		76,602.	65,303.					
Pa	art II	Signature Block			007000					
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is					
		, and complete. Declaration of preparer (other than officer) is based on all information of wh								
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
Sigi	n	Signature of officer		Date						
Her		KELLEY TUCKER, EXECUTIVE DIRECTOR								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	[	Date Check	PTIN					
Paid		GARY MEAL		if self-employ	P01401229					
Prep	l	Firm's name BONADIO & CO., LLP	Firm's EIN ▶	16-1131146						
	Only	Firm's address 6 WEMBLEY CT		0						
-	1	ALBANY, NY 12205		Phone no. (5	18) 464-4080					
Mav	the IF	S discuss this return with the preparer shown above? (see instructions)		1	X Yes No					

Form	990 (2017) AUSABLE RIVER ASSOCIATION, INC.	14-1809764	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE AUSABLE RIVER ASSOCIATION PROVIDES PUBLIC EDUCATION,	SCIENTIFIC	
	MONITORING AND STREAM RESTORATION SERVICES TO IMPROVE TH	E HEALTH AND	
	RESILIENCE OF THE AUSABLE RIVER FOR THE BENEFIT OF ECOSYS	STEMS AND THE	Ξ
	AUSABLE WATERSHED COMMUNITIES OF ESSEX AND CLINTON COUNT.	IES.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	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?	Yes	X No
	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 it	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, an	nd
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 303, 108 • including grants of \$) (Revenue	ue\$ 28,0	082.)
	THE AUSABLE RIVER ASSOCIATION (ASRA) WORKS BROADLY TO PRO	OTECT THE	
	AUSABLE RIVER FOR ITS ECOLOGICAL VALUE AND ITS VALUE TO '	THE HUMAN	
	COMMUNITIES THAT CARE FOR AND ENJOY ITS MANY BENEFITS. W	E ORGANIZE OU	JR
	WORK INTO THREE BROAD PROGRAM AREAS:		
	A) IDENTIFY AND UNDERSTAND WATERSHED RESOURCES -ASRA SUP	PORTS AND	
	IMPLEMENTS SCIENCE, DATA COLLECTION, AND INFORMATION SHAP	RING PROJECTS	S.
	OUR GOAL IS TO UNDERSTAND AND DOCUMENT CURRENT PROBLEMS A	AND MEASURE !	THE
	EFFECTIVENESS OF SOLUTIONS TO MANAGE, PROTECT, AND RESTOR	RE THE AUSABI	LE
	RIVER WATERSHED;		
	B) CONSERVE AND STEWARD WATERSHED RESOURCES- ASRA WORKS '	TO CREATE AN	
	ETHIC OF RIVER STEWARDSHIP - A SENSE OF COMMON PURPOSE A		ALS
	FOR PROTECTING THE RIVER AMONG PRIVATE LANDOWNERS, RESID		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$	<u> </u>
	(Code:) (Expenses #		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$\frac{\text{including grants of \$}}{\text{None of }}\) (Revenue \$\text{Revenue \$}	)	
<u>4e</u>	Total program service expenses ► 303,108.		00
		Form 9	90 (2017)

#### 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		<u> X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
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	000	X

Form **990** (2017)

## Form 990 (2017) AUSABLE RIVER ASSOCIATION, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa		25a		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			, v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			.,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	, , , , , , , , , , , , , , , , , , ,	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		<del></del> -
50	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	1000 / In 1 of 11 ood file of the required to complete concedure o	1 30	000	

## Form 990 (2017) AUSABLE RIVER ASSOCIATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

a 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 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year l Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X		Check if Schedule O contains a response or note to any line in this Part V					
b Enter the number of Forms W2G included in line 1a. Enter 4-9 if not applicable.  □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the called representation of the called representation is reported on line 2a, did the organization file all required federal employment at returns?  2b. X. Note. If the sum of lines 1a and 2s is greater than 250, you may be required to e-figle (see instructions)  3c. Note. If the sum of lines 1a and 2s is greater than 250, you may be required to e-figle (see instructions)  3d. Value of the organization have unrelated business gross income of \$1,000 or more during the year?  3d. Ya. Any time during the callendar 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 accounts (FBAR).  5d. If *Yes,* in the firm the name of the foreign country be See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial accounts (FBAR).  5d. If *Yes,* in the Sar ob, did the organization that it was or is a purty to a prohibited tax shelter transaction?  5d. If *Yes,* in the Sar ob, did the organization that it was or is a purty to a prohibited tax shelter transaction?  5d. If *Yes,* in the Sar ob, did the organization in the Form 888817  6d. If *Yes,* in the Sar ob, did the organization in the roma 88817  6d. If *Yes,* indication that was or its are ductable as charable contributions?  6d. If *Yes,* indication that way receive deductible contributions under section 170(c).  1d. If the organization receives a contribution of cars, boats, airplanes, or other vehicles, did the						Yes	No
be Enter the number of Forms W-SG included in line 1a. Enter 0 if not applicable   Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 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  5 If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  5 If we will be used to be a subject of the calendar year ending with or within the year covered by this return  5 If If Yes, 1 and 1 the a form 900 Tor file year?  5 If Yes, 1 and 1 the a form 900 Tor file year?  5 If Yes, 2 and 1 the a form 900 Tor file year?  5 If Yes, 3 and 1 the a form 900 Tor file year?  5 If Yes, 3 and 1 the a form 900 Tor file year?  5 If Yes, 3 and 1 the a form 900 Tor file year?  5 If Yes, 4 and 1 the a form 900 Tor file year?  5 If Yes, 4 and 1 the a form 900 Tor file year?  5 If Yes, 5 to line 5 a ros, 5 did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a pash account, securities account, or other financial accounts (FBAR).  5 If Yes, 6 to line 5 a ros, 6 did the organization that it was or is a party to a prohibited tax shelter transaction?  5 If Yes, 6 did the organization in the form 988617?  6 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 deductibles a chariable contributions?  6 If Yes, 6 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a chariable contributions?  6 If Yes, 7 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a chariable contributions?  6 If Yes, 7 did the organization received a contributi	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
Gamblingly winnings to prize winners?  Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  ### 15 ### 15 ### 16 ### 16 ### 16 ### 16 ### 17 ###			1b	0			
Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field to the calendar year andring with or within the year covered by this return.	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
tiled for the calendar year ending with or within the year covered by this return    Note, if the sum of ines 1s and 2s is greater than 250, you may be required federal employment tax returns?   Note, if the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)   3a   X		(gambling) winnings to prize winners?			1c		X
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business give greater than 250, you may be required to <i>p-file</i> (see instructions)  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  3b If "Yes," has it filed a Form 990 T for this year? # "Wo," to line 3b, provide an explanation in Schedule O  3b A At any time during the calendar year, did the organization have interests in, or a signature or other authority over, a financial account in a foreign country; when the properties account, or other financial accounts (FBAR).  5b If "Yes," enter the name of the foreign country: ▶  5ce 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?  5b Did any staxible party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17  6a Does the organization 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?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Did the organization stehal many receive deductible contributions under section 170(c).  6c Did the organization netwee a parent in excess of \$75 made partly as a contribution of organization stehal representation received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c Did the organization received any parent in excess of \$75 made partly as a contribution of organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flore any parent in excess of tangible pers	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>g-file</i> (see instructions)  3a		filed for the calendar year ending with or within the year covered by this return	2a	4			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b if "Yes," has it filed a Form 990-ff or this year? if "No," to line 3b, provide an explanation in Schedule O  d 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)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was 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?  5b LYS.  5c In "Yes," to line Sa or 5b, did the organization file Form 8898-17 (Sec. In "Yes," did the organization include with every solicitation an expresse statement that such contributions or gifts were not tax deductible?  7c organizations that may receive deductible contributions under section 170(c).  3b If the organization seed as payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a If yes, "did the organization notify the donor of the value of the goods or services provided?  7b In If yes, "indicate the number of Forms 8282 filled during the year  1 If I I I I I I I I I I I I I I I I I I	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		_X_
the if "Yes," has it filled a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a form of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a financial account; a financial account; a financial control ("Yes," enter the name of the foreign country. ▶  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," till his line Sa of 5b, diff the organization that it was or is a party to a prohibited tax shelter transaction?  5c Volume of 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  6b Wave en of tax deductible?  6c Vorganizations that may receive deductible contributions under section 170(c).  a Did the organization start may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  b If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  7c X  d If "Yes," indicate the number of Forms 8282 filed during the year  p of the organization received a contribution of cas, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7d Sponsoring organization make any taxable d		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See Was the organization have tax shelter transaction at any time during the tax year?  5a Was 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 VX  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7b Did the organization receive a payment in excess of \$57 made partly as a contribution and partly for goods and services provided to the payor?  7c Virse," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization receive any service of the goods or services provided?  7c Did the organization organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c If Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7r Did the organization neceived a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7n Sponsoring organization neceived a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7n Did the organization have excess business holdings at any time during the year?  9 Sponsoring organizati	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_X_
the fire the name of the foreign country (such as a bank account, securities account, or other financial accountly?  b   fires,* enter the name of the foreign country. ►  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See the organization has earned and the search of FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  See the organization see of St. St. Bank and a party to prohibited tax shelter transaction of St. X.  If "Yes," indicate the number of Form 104 see shartable contributions on express statement that such contributions or grifts were not save accounts of the pode of severe see provided?  To bild the organization received any funds, directly to indirectly, on a personal benefit contract?  To bild the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of acis, boats	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b		
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).     See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     See instructions for filing requirements for FinCEN Form 114, Report of Form 8886-T7.     See instructions for filing requirements for FinCEN Form 114, Report of Form 8205 for filing for expert set of Financial Filing for Financial Accounts (FBAR).     See instructions for Filing for Financial Filing for Filing f	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a			
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?  5b X  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  5c a 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  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 Did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required to file Form 8282?  6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1986-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised funds. Did a donor advised funds. Did a donor advised funds.  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund with the organization fle Form 1041?  10 Section 501(c)(12) qualified norporfit health insurance insures.  11a Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12b Section 501(c)(1		financial account in a foreign country (such as a bank account, securities account, or other financial account	ccoun	t)?	4a		<u>X</u>
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c   11 Yes; 10 line Sa or 5b, did the organization line Form 8886-17  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a   17 Yes; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7   Organizations that may receive deductible contributions under section 170(c).  8   Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7   Organization shart may receive deductible contributions under section 170(c).  8   Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7   Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7   Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7   Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7   Did the organization may funds, directly or indirectly, to pay premiums on a personal benefit contract?  7   Did the organization received a contribution of caris, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  8   Sponsoring organization maintaining donor advised funds.  10   Did the sponsoring organization make any taxable distributions under section 4986?  10   Did the sponsoring organization make any taxable distributions under section 4986?  11   Did the sponsoring organization make a distribution to a	b	If "Yes," enter the name of the foreign country: ▶					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b X  6f 1"Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  6b I"Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8292?  10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  11 Did the organization receive any contribution of qualified intellectual property, did the organization file Form 8899 as required?  12 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  13 Sponsoring organization make any taxable distributions under section 4966?  14 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make and instribution included on Part VIII, line 12  10 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from t		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
ti "Yes," to line 5a or 5b, did the organization file Form 8886-T7  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a 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?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization notify the denor of the value of the goods or services provided?  To Did the organization notify the denor of the value of the goods or services provided?  To Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(12) organizations. Enter:  a first indicate the numbers or shareholders  Gross income from members or shareholders  Bross income from members or shareholders  Gross income from members or shareholders  Gro	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		
50 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?  50 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  71 Organizations that may receive deductible contributions under section 170(c).  72 Ill the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  73 If "Yes," did the organization notify the donor of the value of the goods or services provided?  74 If "Yes," indicate the number of Forms 8282 filed during the year  75 Ill the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  76 If the organization received a contribution of cars, botas, airplanes, or other vehicles, did the organization file a Form 1098-C?  76 Sponsoring organizations received a contribution of cars, botas, airplanes, or other vehicles, did the organization file a Form 1098-C?  77 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  78 Sponsoring organization make any taxable distributions under section 4966?  79 Section 501(c)(7) organizations. Enter:  79 In the organization received on Form 990, Part VIII, line 12  79 Section 501(c)(12) organizations. Enter:  80 If "Yes," included on Form 990, Part VIII, line 12, for public use of club facilities  81 Section 501(c)(20) qualified nonprofit health plans in more than one state?  82 Section 501(c)(20) qualified nonprofit health plans in more than one state?  83 Section 601(c)(20) qualified nonprofit health plans in more than one state?  84 Section 501(c)(20) qualified nonprofit health plans in more than one state?  85 Section 501(c)(20) qualified nonprofit health plans in more than one state?  86 S							<u>X</u>
any contributions that were not tax deductible as charitable contributions?  b   If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a   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?  b   If "Yes," did the organization notify the donor of the value of the goods or services provided?  C   Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d   If "Yes," indicate the number of Forms 8282 filed during the year    Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?    Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?    Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?    Did the proganization make any taxable distributions under section 4966?   Did the sponsoring organizations maintaining donor advised funds.    Did the sponsoring organization make any taxable distributions under section 4966?   Did the sponsoring organization make any taxable distributions under section 4966?   Did the sponsoring organization make any taxable distributions under section 4966?   Did the sponsoring organization make any taxable distributions under section 4966?   Did the sponsoring organization make any taxable distributions under section 4966?   Did the sponsoring organization make any taxable distributions under section 4966?   Did the sponsoring organization make any taxable distributions under section 4966?   Did the sponsoring organization and distributions included on Part VIII, line 12   Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   Did the organ					5c		
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were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c), a Did the organization creeive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 A X b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Tell Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Tell Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization smaintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did 11 Section 501(c)(12) organizations. Enter: 12 Gross income from members or shareholders 13 Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(2) qualified nonprofit health insurance issuers. 15 If "Yes," enter th		,			6a		<u> </u>
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Ta	b		ons or	gifts			
a 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?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c	_				6b		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	a	in Tyes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		_	990	(2017)

AUSABLE RIVER ASSOCIATION, INC. 14-1809764 Form 990 (2017) 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 1a Enter the number of voting members of the governing body at the end of the tax year ..... 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 in Schedule O. 11 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  $\blacktriangleright NY$ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available

for public inspection. Indicate how you made these available. Check all that apply.

Another's website X Upon request \_\_\_ Other (explain in Schedule O) Own website

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: KELLEY TUCKER - 518-637-6859 1181 HASELTON RD., WILMINGTON, NY 12997

Form **990** (2017)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization		orga T	niza			nper	sat			
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per week		box, unless pe officer and a					compensation from	compensation from related	amount of other
	(list any	tor	ja l					the	organizations	compensation
	hours for	direc				- -		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	organization
	organizations	lltrus	nal tr		loyee	dwos				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) EVAN BOTTCHER	0.00	드	드	J0	- X	포 등	요			
DIRECTOR	0100	x						0.	0.	0.
(2) ROBERT FARKAS	0.00									
DIRECTOR		Х						0.	0.	0.
(3) SUSAN LACY	0.00									
DIRECTOR		Х						0.	0.	0.
(4) NEIL LEVINE	0.00	1						_	_	_
DIRECTOR		Х						0.	0.	0.
(5) BETSY RICHERT	0.00	1								
DIRECTOR		Х						0.	0.	0.
(6) JOHN SCHULER	0.00	ļ								
DIRECTOR		Х						0.	0.	0.
(7) WALLLACE WALTERS	0.00	ļ								
DIRECTOR	25.00	Х						0.	0.	0.
(8) KELLEY TUCKER	35.00	l						F0 054		6 450
EXECUTIVE DIRECTOR	0.00	Х						59,354.	0.	6,452.
(9) CHRISTIAN BRAMMER	0.00	4		,,						•
TREASURER	0.00			Х				0.	0.	0.
(10) KENNETH BROWNELL	0.00	1		<b>37</b>						0
SECRETARY	0.00			Х				0.	0.	0.
(11) ELIZABETH CLARKE VICE PRESIDENT	0.00	-		х				0.	0.	0.
(12) LARRY MASTER	0.00			^				1	0.	0.
CHAIRMAN	0.00	1		х				0.	0.	0.
CHATAMAN				^				0.	0.	0.
		1								
		1								
		_								
	•	•	•	-	-	•	•			000

Form 990 (2017)

	990 (2017) AUSABLE F									14-18	3097	64	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		,				
	(A) Name and title	Average hours per week (list any	box	not c	ss per	ition more son is	than c s both r/trust	an	( <b>D)</b> Reportable compensation from the	( <b>E)</b> Reportable compensatio from related organizations	s	am	(F) timate nount o other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	orga and	om the anizati d relate inizatio	ion ed
	Sub-total							>	59,354.		0.	(	5,45	$\frac{52.}{0.}$
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)							<b>&gt;</b>	59,354.		0.		5,45	
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	,			
	compensation from the organization											ı	Yes	0 No
3	Did the organization list any <b>former</b> officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or ł	nighest compensated er	nployee on			162	
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su											3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
	rendered to the organization? If "Yes." com	· ·				-			-			5		Х
<u>Sec</u>	tion B. Independent Contractors  Complete this table for your five highest con	mpensated ind	lepe	nder	nt cc	ontra	actor	s th	nat received more than \$	100.000 of comp	ensatio	on fro	m	
	the organization. Report compensation for t	•	•						the organization's tax y	•				
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Co	(C mper	s) nsatior	<u>1</u>
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organizati	•	ot lin	nited	d to t	thos		ted	above) who received mo	ore than				
								_	-		F	orm 9	990 (2	2017)

Part VIII Statement of Revenue

		Check if Schedule O conta	aine a reenonce	or note to any lin	a in this Part VIII			
		Check ii Schedule O conta	ans a response	or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè éxcluded from tax under
						exempt function	business	sections 512 - 514
			1 1			revenue	revenue	512 - 514
nts	1 a	Federated campaigns	1a					
ir our	b	Membership dues	1b					
S, C	С	Fundraising events	1c	2,249.				
ij, ja	d	Related organizations	1d					
s, mij	е	Government grants (contribution	ons) <b>1e</b>	192,232.				
Sign	f	All other contributions, gifts, grant	s, and					
be be		similar amounts not included abov	re   <b>1f</b>	125,220.				
풀	а	Noncash contributions included in lines 1		-				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			319,701.			
<u> </u>		Totall / Idd III Idd III I I I I I I I I I I I		Business Code				
	0.0	MONITORING		110000	28,082.	28,082.		
ice				110000	20,002.	20,0021		-
er ne	b							<del>                                     </del>
n S	С							
Ja Se	d							-
Program Service Revenue	е							
Δ.		All other program service rever			00 000			
_	g	Total. Add lines 2a-2f			28,082.			
	3	Investment income (including of	dividends, intere	est, and				
		other similar amounts)			13.			13.
	4	Income from investment of tax	exempt bond p	oroceeds <b>&gt;</b>				
	5	Royalties		<b></b>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С							
				<b>•</b>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	(1) 0000	(ii) Stirisi				
	h	Less: cost or other basis						
		and sales expenses						
	_	Gain or (loss)						
		Net gain or (loss)		·····				
ne	o a	Gross income from fundraising	49. of					
en			•					
Other Revenu		contributions reported on line	•	0 036				
ē		Part IV, line 18						
됩		Less: direct expenses		9,936.	0			
		Net income or (loss) from fund	-	<b>_</b>	0.			
	9 a	Gross income from gaming act						
		Part IV, line 19						
	b	Less: direct expenses	b					
	С	Net income or (loss) from gami	ing activities	. <u></u>				
	10 a	Gross sales of inventory, less r	eturns					
		and allowances	а					
	b	Less: cost of goods sold						
	С	Net income or (loss) from sales	of inventory					
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	c							
	d							
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			347,796.	28,082.	0.	13.

	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		his Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to 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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	59,354.	43,922.	8,606.	6,826
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	95,518.	78,427.	14,625.	2,466
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	22,316.	17,630.	3,347.	1,339
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	2,183.		2,183.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	694.		195.	499
13	Office expenses	3,194.		2,887.	307
14	Information technology	5,983.	4,727.	897.	359
15	Royalties				
16	Occupancy	7,200.	5,688.	1,080.	432
17	Travel	9,533.	9,411.	122.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	72,739.	72,739.		
 22	Depreciation, depletion, and amortization	•	,		
23	Insurance	1,425.		1,425.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MATERIALS	61,373.	61,373.		
b	PROFESSIONAL DEVELOPMEN	5,616.	5,138.	478.	
c	PRINTING	3,969.	, , , , , ,	2,729.	1,240
d	MISCELLANEOUS	3,240.	1,888.	1,352.	•
e	All other expenses SEE SCH O	4,758.	2,165.	2,593.	
25	Total functional expenses. Add lines 1 through 24e	359,095.	303,108.	42,519.	13,468
<u> 26</u>	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)				

Form 990 (2017)

Part X | Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		47,125.	1	127,053.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		30,985.	4	6,404.
	5	Loans and other receivables from current and fo		•		,
		trustees, key employees, and highest compensa	, , , , , , , , , , , , , , , , , , , ,			
					5	
	6	Loans and other receivables from other disqualit				
	•	section 4958(f)(1)), persons described in section	' '			
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instr).	·		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8				8	
	9	Inventories for sale or use		500.	9	1,129.
		Land, buildings, and equipment: cost or other	······	300.	9	1,125.
	IUa		100			
	L	basis. Complete Part VI of Schedule D Less: accumulated depreciation			10c	
	l					
	11	Investments - publicly traded securities			11 12	
	12	Investments - other securities. See Part IV, line 1				
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		0.	14	500.
	15	Other assets. See Part IV, line 11		78,610.	15	135,086.
	16	Total assets. Add lines 1 through 15 (must equal		2,008.	16 17	9,783.
	17	Accounts payable and accrued expenses	2,000.	18	9,105.	
	18	Grants payable			19	60,000.
	19	Deferred revenue				00,000.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
ies	22	Loans and other payables to current and former				
ij		key employees, highest compensated employee			00	
Liabilities					22	
_	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	· · · ·		05	
			·····	2,008.	25	69,783.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958	) sheek hare N X and	2,000.	26	09,703.
Ses	07	complete lines 27 through 29, and lines 33 an		76,602.	07	65,303.
anc	27	Unrestricted net assets		70,002.	27	05,505.
Bal	28	Temporarily restricted net assets			28	
Б	29		00 050) -1		29	
교		Organizations that do not follow SFAS 117 (A	SC 958), check here			
ŏ		and complete lines 30 through 34.		00		
šets	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or ed	Г		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	Γ	76 600	32	6E 202
~	33			76,602.	33	65,303.
	34	Total liabilities and net assets/fund balances		78,610.	34	135,086.

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>96.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	35	9,0	95.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1:	1,2	99.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	6,6	02.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6.	5,3	03.
Pai	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	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 the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2017)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **Employer identification number** AUSABLE RIVER ASSOCIATION, INC. 14-1809764 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

## Schedule A (Form 990 or 990-EZ) 2017 AUSABLE RIVER ASSOCIATION, INC. 14-1809 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4		. ,	. ,	. ,	, ,	.,
8	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12		etc. (see instruction	nns)			12	
	<b>First five years.</b> If the Form 990 is for	•		d. fourth, or fifth ta	x vear as a section		
	organization, check this box and stop	_					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	%
	Public support percentage from 2016					15	%
	33 1/3% support test - 2017. If the					ore, check this box	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the		•				
	and <b>stop here.</b> The organization qual					, , , , , , , , , , , , , , , , , , ,	<b>.</b> —
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=			▶ □
h	10% -facts-and-circumstances test	ŭ	•		•		
~	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						<b>▶</b> □
18	Private foundation. If the organization		-	•			
<u></u>	realization in the organization	314 1101 011001( 4	22.0.1.1110 10, 100	ــ, . ت ، ب ، ب ، ب ، ب ، ب ، ب ، ب ، ب ، ب ،		dule A (Form 990	_

#### 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	57,004.	132,065.	250,967.	219,246.	347,796.	1007078.
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			5.	15.	13.	33.
3	Gross receipts from activities that						
	are not an unrelated trade or business 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						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	57,004.	132,065.	250,972.	219,261.	347,809.	1007111.
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ŀ	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.
	Public support. (Subtract line 7c from line 6.)						1007111.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
9	Amounts from line 6	57,004.	132,065.	250,972.	219,261.	347,809.	1007111.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			5.	15.	13.	33.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b			5.	15.	13.	33.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	57,004.	132,065.	250,977.	219,276.	347,822.	1007144.
14	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	501(c)(3) organiza	ation,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi						
15	Public support percentage for 2017 (I			olumn (f))			100.00 %
16	Public support percentage from 2016					16	99 <b>.</b> 95 %
	ction D. Computation of Inves						0.0
	Investment income percentage for 20			e 13, column (f))		17	.00 %
	Investment income percentage from	•				18	<u>%</u>
19	19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						. $\square$
20	<b>Private foundation.</b> If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see inst	ructions	▶∟_

Т..

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
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Par	TIV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	3).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in 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 1-1/2% 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 .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 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		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting orga	anization (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2017

Par	t V	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions		· · · · · · · · · · · · · · · · · · ·	Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
4	Amou	ints paid to acquire exempt-use assets			
5	Qualif	ïed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which th	ne organization is responsive		
	(provi	de details in <b>Part VI</b> ). See instructions.			
9		outable amount for 2017 from Section C, line 6			
10		B amount divided by line 9 amount			
		•	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2017 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
		ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2017 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2017, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2017. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2018. Add lines 3			
	and 4	· · · · · · · · · · · · · · · · · · ·			
8		down of line 7:			
		ss from 2013			
		ss from 2014			
		ss from 2015			
		ss from 2016			
		ss from 2017			
_					

Schedule A (Form 990 or 990-EZ) 2017

#### Schedule B (Form 990, 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

or 990-PF)

#### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

INC.

OMB No. 1545-0047

**2017** 

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AUSABLE RIVER ASSOCIATION

**Employer identification number** 

14-1809764

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

#### AUSABLE RIVER ASSOCIATION, INC.

14-1809764

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EVERGREEN FOUNDATION, INC  PO BOX 414  LEVERETT, MA 01054	\$18,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CLOUDSPLITTER FOUNDATION  PO BOX 1357  SARANAC LAKE, NY 12983	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	3M FOUNDATION  3M CENTER BLDG 225-1S-23  SAINT PAUL, MN 55144-1000	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PATAGONIA ENVIRONMENTAL GRANTS  259 W. SANTA CLARA ST.  VENTURA, CA 93001	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE NATURE CONSERVANCY P.O. 65 KEENE VALLEY, NY 12943	\$ <u>20,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	NEW YORK STATE DEPARTMENT OF STATE  99 WASHINGTON AVENUE - SUITE 1010  ALBANY , NY 12231	\$117,059.	Person X Payroll
		Cabadula D / Farms	000 000 E7 or 000 DE\ (2017)

#### AUSABLE RIVER ASSOCIATION, INC.

14-1809764

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	US FISH AND WILDLIFE SERVICE  300 WESTGATE CENTER DRIVE  HADLEY, MA 01035	\$52,483.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	LAKE CHAMPLAIN BASIN PROGRAM  54 WEST SHORE ROAD  GRAND ISLE, VT 05458	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

#### AUSABLE RIVER ASSOCIATION, INC.

14-1809764

(a) No. (b) Description of noncash property given S. (c) FMV (or estimate) (See instructions.)  (a) No. (b) FMV (or estimate) (d) Date received See instructions.)  (a) No. (c) FMV (or estimate) (See instructions.)  (b) Date received S. (d) Date received See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (a) No. (c) FMV (or estimate) (See instructions.)  (b) No. (c) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received See instructions.)  (d) Date received See instructions.)  (e) FMV (or estimate) (See instructions.)  (f) Date received See instructions.)  (g) No. (h) Description of noncash property given See instructions.)  (g) No. (h) Description of noncash property given See instructions.)  (g) No. (h) Description of noncash property given See instructions.)  (g) No. (h) Description of noncash property given See instructions.)  (g) No. (h) Description of noncash property given See instructions.)  (g) No. (h) Description of noncash property given See instructions.)	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. (b) Compared (c) FMV (or estimate) (see instructions.)  (a) No. (b) FMV (or estimate) (see instructions.)  (b) FMV (or estimate) (see instructions.)  (c) FMV (or estimate) (see instructions.)  (d) Date received  (e) FMV (or estimate) (see instructions.)  (a) No. (b) FMV (or estimate) (see instructions.)  (a) No. (b) FMV (or estimate) (see instructions.)  (b) FMV (or estimate) (see instructions.)  (c) FMV (or estimate) (see instructions.)  (d) Date received  (e) No. (c) FMV (or estimate) (see instructions.)  (d) Date received  (e) No. (c) FMV (or estimate) (see instructions.)  (d) Date received  (e) No. (c) FMV (or estimate) (see instructions.)  (d) Date received  (e) No. (c) FMV (or estimate) (see instructions.)	No. from		FMV (or estimate)	
No. from Description of noncash property given  (a)			\$	
(a) No. from Description of noncash property given S	No. from		FMV (or estimate)	
No. from Part I  (a)			\$	
(a) No. from Description of noncash property given Part I  (a) No. (b) FMV (or estimate) (See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. (b) FMV (or estimate) (See instructions.)  (a) No. (b) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (See instructions.)	No. from		FMV (or estimate)	
No. from Part I  (a) No. from Part I  (b) Description of noncash property given   S   (d) Date received    (a) No. from Part I  (b) Description of noncash property given   S   (d) Date received    (a) No. from Part I  (b) Description of noncash property given   S   (d) Date received    (a) No. from Description of noncash property given   S   (d) Date received    (a) No. from Description of noncash property given   S   (d) Date received    (a) No. from Description of noncash property given   C   (d) Date received    (b) Date received   Date received    (c) FMV (or estimate) (See instructions.)			\$	
(a) No. from Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (see instructions.)  (a) No. from Part I  Description of noncash property given Part I  Description of noncash property given Part I  (c) FMV (or estimate) (See instructions.)  (d) Date received  Date received	No. from		FMV (or estimate)	
No. from Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. (b) FMV (or estimate) (C) FMV (or estimate) (C) FMV (or estimate) (See instructions.)			\$	
(a) No. from Part I  (b) FMV (or estimate) (See instructions.)  (d) Date received	No. from		FMV (or estimate)	
No. from Description of noncash property given Part I			\$	
	No. from		FMV (or estimate)	
			\$	

Name of organization Employer identification number AUSABLE RIVER ASSOCIATION, INC.

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization

AUSABLE RIVER ASSOCIATION, INC. **Employer identification number** 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.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
OWNERS, MUNICIPALITIES, AND OTHERS;
C) 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.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:
TELEPHONE:

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization  AUSABLE RIVER ASSOCIATION, INC.	Employer identification number 14-1809764
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,192.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	
MONITORING:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,165.
BOARD EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	401.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	401.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	4,758.

#### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a>, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	r's identifyir	ng number
Type or	Name of exempt organization or other filer, see instructions.			Employer identification number (EIN) or		
print	AUSABLE RIVER ASSOCIATION, INC.			14-1809764		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.		Social security number (SSN)			
return. See instructions.	City, town or post office, state, and ZIP code. For a for WILMINGTON, NY 12997					
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			
<b>Applicati</b>	on	Return	Application			Return
Is For		Code	Is For		Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990	I-T (trust other than above)  KELLEY TUCKER	06	Form 8870			12
Teleph  If the o	books are in the care of $\blacktriangleright$ 1181 HASELTON Figure 100 to	s in the Uni Group Exe	Fax No. ▶ted States, check this box	f this is fo	r the whole g	
for	quest an automatic 6-month extension of time until the organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization of time and the extension is for less than 12 months, close	organizatio	n's return for:	e the exem	npt organizati  n	on return
	Change in accounting period					
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
nor	refundable credits. See instructions.			3a	\$	0.
<b>b</b> If th	this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
<u>est</u>	imated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa	,	, , ,		•	0.
	using EFTPS (Electronic Federal Tax Payment System). S			3c	\$	

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.

STATE COPY

## **CHAR500**

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

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

2017

Open to Public Inspection

#### 1.General Information

For Fiscal Year Beginnin	g (mm/dd/yyyy) 01/01/	2017 and Ending (r	mm/dd/yyyy) 12/31/	2017		
Check if Applicable: Address Change	Name of Organization: AUSABLE RIVER	ASSOCIATION.	INC.	Employer Identification Number (EIN): 14-1809764		
Name Change	,					
Initial Filing	Initial Filing PO BOX 8 06-54-23					
Final Filing	Telephone:					
Amended Filing	518 637-6859					
Reg ID Pending	Website:   AUSABLERIVER.O	RG		Email:		
Check your organization	•					
registration category:	7A only EPTL	only X DUAL (7A &		Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.		
2. Certification						
See instructions for certi-	ication requirements. Imprope	r certification is a violation of	of law that may be subject	to penalties. The certification requires		
two signatories.						
	penalties of perjury that we revi			best of our knowledge and belief, oplicable to this report.		
	,		KELLEY TUC			
President or Authorized	Officer:		EXECUTIVE			
	Signature			e and Title Date		
			CHRISTIAN :	BRAMMER		
Chief Financial Officer of			TREASURER			
	Signature		Print Nam	e and Title Date		
3. Annual Reporting	g Exemption					
Check the exemption(s) t	hat apply to your filing. If your	organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both		
categories (DUAL filers) t	hat apply to your registration,	complete only parts 1, 2, ar	nd 3, and submit the certific	ed Char500. No fee, schedules, or		
additional attachments a	re required. If you cannot claim	n an exemption or are a DU	AL filer that claims only on	e exemption, you must file applicable		
schedules and attachme	nts and pay applicable fees.					
	<del>-</del>			overnment 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.						
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 Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer						
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.						
attachments to						
complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
5. Fee						
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:			
next page to calculate yo				Make a single check or money order		
payable to:						
fee(s). Indicate fee(s) you				payable to:		
		\$50.	\$ <u>75.</u>	payable to: "Department of Law"		

CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

The Exempt dategory folds to an organization's five registration status, it does not fold to its inditax designation.

<sup>\*</sup>The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

## **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 both the 7A and EPTL filing exemption in Part 3.

#### **Checklist of Schedules and Attachments**

Check the schedules you must submit with your CHAR500 as described in Part 4:  If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	(PFR) Fund Raising Counsel (FRC) Commercial Co-Venturers (CCV)
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	(,,
Check the financial attachments you must submit with your CHAR500:  X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable  X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cordisclosure and will not be available for public review.  Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenufiling year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public X Review Report if you received total revenue and support greater than \$250,000 Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	0 and up to \$750,000.  ort is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee:  \$0, if you checked the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:  7A filers are registered to solicit contributions in New York
X \$25, if you did not check the 7A exemption in Part 3a	under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:  \$0, if you checked the EPTL exemption in Part 3b	<b>EPTL</b> filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000	<b>DUAL</b> filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$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 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	<b>EXEMPT</b> filers have registered with the NY Charities Bureau and meet conditions in <b>Schedule E - Registration Exemption for Charitable Organizations</b> . 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.
Send Your Filing  Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH?  NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005	<ul> <li>IRS Form 990 Part I, line 22</li> <li>IRS Form 990 EZ Part I, line 21</li> <li>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)).</li> </ul>

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

768461 04-27-18 1019 CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

## **CHAR500**

Schedule 4b: Government Grants www.CharitiesNYS.com

2017

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	Amou	Amount of Grant	
1. NYS DEPARTMENT OF STATE	1.	117,059.	
2. LAKE CHAMPLAIN BASIN PROGRAM	2.	22,690.	
3. US FISH AND WILDLIFE SERVICE	3.	52,483.	
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:	192,232.	

### EXTENDED TO NOVEMBER 15, 2018

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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. and ending

A F	or the	2017 calendar year, or tax year beginning and	ending						
	heck if pplicable	C Name of organization		D Employer identific	cation number				
	Addres change Name	AUSABLE RIVER ASSOCIATION, INC.			000564				
	change	Doing business as		14-1	809764				
	return _Final _return/	Number and street (or P.O. box if mail is not delivered to street address)  PO BOX 8	Room/suite	E Telephone numbe 518 –	r 637–6859				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 357,732.					
	Amend			H(a) Is this a group re					
	Application			for subordinates? Yes X No					
	pendin	1181 HASELTON ROAD, WILMINGTON, NY 129	97	<b>H(b)</b> Are all subordinates in	—				
T	ax-exe	mpt status: X 501(c)(3)		1	list. (see instructions)				
		e: ► AUSABLERIVER.ORG		H(c) Group exemptio					
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile: NY				
	art I	Summary	1 - 100.		otato or rogar dominono,				
	1	Briefly describe the organization's mission or most significant activities: $\underline{ ext{THE}}$	AUSABL	E RIVER ASSO	OCIATION				
Activities & Governance		PROVIDES PUBLIC EDUCATION, SCIENTIFIC MON							
nar		Check this box  if the organization discontinued its operations or dispos							
Ver	l .	-		3	11				
ဗွ	I	Number of independent voting members of the governing body (Part VI, line 1b)			11				
م در		Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)			4				
ij		Total number of volunteers (estimate if necessary)			59				
₽		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.				
Ă		Net unrelated business taxable income from Form 990-T, line 34			0.				
				Prior Year	Current Year				
_	8	Contributions and grants (Part VIII, line 1h)		219,246.	319,701.				
Revenue	l .	Program service revenue (Part VIII, line 2g)		0.	28,082.				
	l .	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		15.	13.				
æ	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	l	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		219,261.	347,796.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	l .	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
	45 .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		81,925.	177,188.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
oen	h.	Fotal fundraising expenses (Part IX, column (D), line 25)	58.						
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		146,139.	181,907.				
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		228,064.	359,095.				
		Revenue less expenses. Subtract line 18 from line 12		-8,803.	-11,299.				
-Se		Teverido 1655 experiodo. Gubitast fino 16 from fino 12	Re	ginning of Current Year	End of Year				
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)		78,610.	135,086.				
Ass( Bal	21	Fotal liabilities (Part X, line 26)		2,008.	69,783.				
Net	22	Net assets or fund balances. Subtract line 21 from line 20		76,602.	65,303.				
Pa	art II	Signature Block			007000				
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is				
		, and complete. Declaration of preparer (other than officer) is based on all information of wh							
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
Sigi	n	Signature of officer		Date					
Her		KELLEY TUCKER, EXECUTIVE DIRECTOR							
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	[	Date Check	PTIN				
Paid		GARY MEAL		if self-employed P01401229					
Prep	l	Firm's name BONADIO & CO., LLP		Firm's EIN ▶	16-1131146				
	Only	Firm's address 6 WEMBLEY CT							
-	1	ALBANY, NY 12205		Phone no. (5	18) 464-4080				
Mav	the IF	S discuss this return with the preparer shown above? (see instructions)		1	X Yes No				

Га	till otatement of Frogram service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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? Yes X No
	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	(Code:) (Expenses \$303,108. including grants of \$) (Revenue \$)
	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 \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 303,108.

### 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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	Ė		
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<del>ا</del>		
·	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<del>ا</del>		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	٠٣		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	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			
	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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	225	X

Form **990** (2017)

# Form 990 (2017) AUSABLE RIVER ASSOCIATION, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ZJa		25a		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			<b>.</b>
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			.,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	, , , , , , , , , , , , , , , , , , ,	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		<del></del> -
50	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	1000 / All 1 Olim 000 more dre required to complete concedure 0	1 30	000	

# Form 990 (2017) AUSABLE RIVER ASSOCIATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming						
	(gambling) winnings to prize winners?			1c		Х			
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	4						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount	)?	4a		X			
b	<b>b</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 Advanced in the Financi	ccount	s (FBAR).						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orgar	nization solicit			l			
	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 contribution	ons 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 ser			7a 7b		X			
b	, , , , , , , , , , , , , , , , , , , ,								
С	3								
_	to file Form 8282?			7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are interesting a property of the depart of the property of th			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			8					
9				l °					
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?			9a					
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:			35					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	~_1							
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
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					
	<b>Note.</b> 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	13b							
С	Enter the amount of reserves on hand	13c							
14a				14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b					
				Form	990	(2017)			

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 in Schedule O. See instructions.

<u> </u>						X				
Sec	tion A. Governing Body and Management									
		ı	1 11		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	11							
	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 in Schedule 0.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other							
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х				
6	Did the organization have members or stockholders?			6		X				
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?									
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or							
	persons other than the governing body?			7b		Х				
8										
а	The governing body?	-	-	8a	Х					
b	b Each committee with authority to act on behalf of the governing body?									
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re									
	This decision be requested information about policies not required by the internal ne	veriae	<u> </u>		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
			,	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х					
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a 12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "y									
	in Schedule O how this was done	, -		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?			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?	ı Dy III	аоронаонс							
а	The organization's CEO, Executive Director, or top management official			15a		Х				
	Other officers or key employees of the organization			15b		X				
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			.00						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent v	rith a							
Ioa				16a		Х				
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			iva						
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•							
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure			100						
17	List the states with which a copy of this Form 990 is required to be filed ▶NY									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Secti	on 501(c)(3)s only) av	ailahle	<del></del>					
	for public inspection. Indicate how you made these available. Check all that apply.	,5550			-					
	Own website Another's website X Upon request Other (explain	in Sa	hadula (1)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor		,	financi	al					
19	statements available to the public during the tax year.	mot 0	i interest policy, and	manc	aı					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke an	d records:							
20	KELLEY TUCKER - 518-637-6859	mo all								
	1181 HASELTON RD., WILMINGTON, NY 12997									

Form **990** (2017)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	itior more	l than d	ne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is officer and a director.				an	compensation	compensation	amount of
	week (list any						,	from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** =/ *********************************	organization
	organizations	trust	nal tru		oyee	om pe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) EVAN BOTTCHER	line) 0 • 0 0	Ĕ	ii.	J0	Α	<u> </u>	Fo			
DIRECTOR	0.00	х						0.	0.	0.
(2) ROBERT FARKAS	0.00	<del></del>								
DIRECTOR		Х						0.	0.	0.
(3) SUSAN LACY	0.00							-		
DIRECTOR		Х						0.	0.	0.
(4) NEIL LEVINE	0.00									
DIRECTOR		Х						0.	0.	0.
(5) BETSY RICHERT	0.00									
DIRECTOR		Х						0.	0.	0.
(6) JOHN SCHULER	0.00									
DIRECTOR		Х						0.	0.	0.
(7) WALLLACE WALTERS	0.00									
DIRECTOR		Х						0.	0.	0.
(8) KELLEY TUCKER	35.00	1								
EXECUTIVE DIRECTOR		Х						59,354.	0.	6,452.
(9) CHRISTIAN BRAMMER	0.00	1								
TREASURER		<u> </u>		Х				0.	0.	0.
(10) KENNETH BROWNELL	0.00	4		l					•	•
SECRETARY	0.00			Х		_		0.	0.	0.
(11) ELIZABETH CLARKE	0.00	4		,,					0	•
VICE PRESIDENT	0.00			Х				0.	0.	0.
(12) LARRY MASTER	0.00	1		₩.					0	0
CHAIRMAN				Х				0.	0.	0.
		-								
		1								
			$\vdash$		$\vdash$					
		1								
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		-			ı	i .	Ì	1	İ	

732007 11-28-17 Form **990** (2017)

	1 990 (2017) AUSABLE I	RIVER AS	SSC	CI	АТ	ΊO	N,	I	INC.	14-18	<u>809'</u>	764	Р	age 8
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
	<b>(A)</b> Name and title	(B) Average hours per week	box	not c	Posi heck r	Position neck more than one is person is both an d a director/trustee)		n an	( <b>D</b> )  Reportable  compensation  from	<b>(E)</b> Reportable compensatio	on	n am		of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		npensa rom th ganizat d relat anizati	ie tion ted	
			_											
			-											
			-											
			-											
			-											
			_											
			_											
	Sub-total								59,354.		0.		6,4	
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							59,354.		0.		6,4	0. 52.
2	Total number of individuals (including but n compensation from the organization							io re	· · · · · · · · · · · · · · · · · · ·	000 of reportable	<u> </u>		- ,	0
											1		Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s				-				•			3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportabl	le co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4		х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5		Х
Sec	tion B. Independent Contractors	ipiete Scrieduk	<del>e</del>	01 50	JCII Ļ	JEIS	OH							
1	Complete this table for your five highest co the organization. Report compensation for	•	-								oensat	tion fro	om	
	(A) Name and business	address	N	ONI	Ξ				(B) Description of s	ervices	С		C) nsatio	n
2	Total number of independent contractors (in	ncluding but n	ot lir	nite	d to t	thos	se lis	ted	above) who received m	ore than				
	\$100,000 of compensation from the organization	zation 🕨				C	)						000	

Form **990** (2017)

Form 990 (2017) AUSABLE
Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ठ ठ	1 a	Federated campaigns	1a					, , , , , , , , , , , , , , , , , , ,
ran		Membership dues						
Ē,		Fundraising events		2,249.				
ar A		Related organizations						
s, G	е	Government grants (contributi	ons) <b>1e</b>	192,232.				
rigi	f	All other contributions, gifts, gran	ts, and					
but		similar amounts not included above	/e <b>1f</b>	125,220.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
<u> ဗ င</u>	h	Total. Add lines 1a-1f		<b></b>	319,701.			
				Business Code				
Se	2 a	MONITORING		110000	28,082.	28,082.		
ervi Je	b							
n Si	С							
Jran Rev	d							
Program Service Revenue	е							
<u>-</u>		All other program service reve			28,082.			
		Total. Add lines 2a-2f			20,002.			
	3	Investment income (including			13.			13.
	4	other similar amounts)			13.			13.
	5	Royalties						
	Ū	noyumoo	(i) Real	(ii) Personal				
	6 a	Gross rents	(1) 11001	(ii) i Gradriai				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		······				
<u>o</u>	8 a	Gross income from fundraising						
enr			<b>49.</b> of					
Re		contributions reported on line	,	0 026				
Other Revenu		Part IV, line 18						
₹		Less: direct expenses		9,936.	0.			
		Net income or (loss) from fund Gross income from gaming ac		<b>&gt;</b>	0.			
	e d	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
ľ		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d			245 526	00.000		10
	12	Total revenue. See instructions.		<b>&gt;</b>	347,796.	28,082.	0	
732009	9 11-28	-17						Form <b>990</b> (2017)

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### Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in t	(B)	(C)	(D) X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	59,354.	43,922.	8,606.	6,826
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	25 542		11.505	
7	Other salaries and wages	95,518.	78,427.	14,625.	2,466
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	00 316	10 620	2 245	1 222
9	Other employee benefits	22,316.	17,630.	3,347.	1,339
10	Payroll taxes				
11	Fees for services (non-employees):				
a					
b	<u> </u>	2 102		2 102	
_	Accounting	2,183.		2,183.	
d	, , , , , , , , , , , , , , , , , , , ,				
e	, <u> </u>				
f	· · · · · · · · · · · · · · · · · · ·				
g	, ,				
12	column (A) amount, list line 11g expenses on Sch 0.)  Advertising and promotion	694.		195.	499.
13	Office expenses	3,194.		2,887.	307
13 14	Information technology	5,983.	4,727.	897.	359
15	Royalties	3,3031	1,72,4	0371	
16	Occupancy	7,200.	5,688.	1,080.	432
17	Traval	9,533.	9,411.	122.	
18	Payments of travel or entertainment expenses	2,0001	2,1111		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	72,739.	72,739.		
22	Depreciation, depletion, and amortization	•			
23	Insurance	1,425.		1,425.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	машёртата ' Г	61,373.	61,373.		
b	PROFESSIONAL DEVELOPMEN	5,616.	5,138.	478.	
С	PRINTING	3,969.		2,729.	1,240
d		3,240.	1,888.	1,352.	
е	All other expenses SEE SCH O	4,758.	2,165.	2,593.	
25	Total functional expenses. Add lines 1 through 24e	359,095.	303,108.	42,519.	13,468
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)				

15401113 784124 AUS010

Form 990 (2017)
Part X | Balance Sheet

Part X	Balance Sheet				
	Check if Schedule O contains a response or no	te to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		47,125.	1	127,053
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		30,985.	4	6,404
5	Loans and other receivables from current and f				·
	trustees, key employees, and highest compens	ated employees. Complete			
				5	
6	Loans and other receivables from other disqual				
	section 4958(f)(1)), persons described in section	· ` ` `			
	employers and sponsoring organizations of sec				
,,	employees' beneficiary organizations (see instr)	·		6	
Assets 7	Notes and loans receivable, net		7		
As:	Inventories for sale or use			8	
9	Durantial company and defermed also are a	500.	9	1,129	
	Land, buildings, and equipment: cost or other		3001		
	basis. Complete Part VI of Schedule D	10a			
b				10c	
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line			12	
13	Investments - program-related. See Part IV, line			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11	·····	0.	15	500
16	Total assets. Add lines 1 through 15 (must equ		78,610.	16	135,086
17	Accounts payable and accrued expenses		2,008.	17	9,783
18	Grants payable		,	18	
19	Deferred revenue			19	60,000
20	Tax-exempt bond liabilities			20	00,000
21	Escrow or custodial account liability. Complete			21	
00	Loans and other payables to current and forme				
ties	key employees, highest compensated employe				
Liabilities	Complete Part II of Schedule L			22	
별   <sub>23</sub>	Secured mortgages and notes payable to unrel	and a set at a total control of the set		23	
24	Unsecured notes and loans payable to unrelate			24	
25	Other liabilities (including federal income tax, p.				
	parties, and other liabilities not included on line				
	Onlandala D			25	
26	Total liabilities. Add lines 17 through 25		2,008.	26	69,783
	Organizations that follow SFAS 117 (ASC 95		·		·
<sub>ω</sub>	complete lines 27 through 29, and lines 33 a				
ဦ 27	Unrestricted net assets		76,602.	27	65,303
<u>e</u> 28	Temporarily restricted net assets			28	
<u>m</u> 29				29	
Ĕ	Organizations that do not follow SFAS 117 (A				
<u> </u>	and complete lines 30 through 34.				
Net Assets or Fund Balances 27 28 29 20 30 31 32 33 33 33 33 33 34 35 35 35 35 35 35 35 35 35 35 35 35 35	Capital stock or trust principal, or current funds		30		
8 31	Paid-in or capital surplus, or land, building, or e			31	
₹   32	Retained earnings, endowment, accumulated in			32	
≗   <sub>33</sub>	Total net assets or fund balances		76,602.	33	65,303
34	Total liabilities and net assets/fund balances		78,610.	34	135,086

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	1 2 3 4	359 -13	7,7 9,0 1,2	95. 99.		
5	Net unrealized gains (losses) on investments	5					
6 7	Donated services and use of facilities  Investment expenses	7					
8	Investment expenses Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6!	5,3	03.		
Pa	rt XII Financial Statements and Reporting	•					
	Check if Schedule O contains a response or note to any line in this Part XII						
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		Yes	No		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis	on a					
b	, , , , , , , , , , , , , , , , , , , ,		2b		X		
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
3a	If the organization changed either its oversight process or selection process during the tax year, explain in Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin						
	Act and OMB Circular A-133?		3a		_X_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	990	(2017)		
			⊢orm	<b>JJU</b>	(2017)		

732012 11-28-17

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AUSABLE RIVER ASSOCIATION, INC.

Employer identification number

				ASSOCIATION,				1	4-1809764
Pa	rt I	Reason for Public C	Charity Status 🖟	All organizations must co	mplete th	is part.) Se	ee instructions		
The	organ	ization is not a private found							
1	Ň	A church, convention of chu	· ·		-		I)(A)(i).		
2	一	A school described in <b>secti</b>					Α Α /		
3	一	A hospital or a cooperative		·			ii).		
4	Ħ	A medical research organiza					-	(iii) Enter	the hospital's name
7	ш	city, and state:	ation operated in cor	ijanotion with a noopital	GCCCTIDGG	000110	((5)( 1)(1-)	(III)I LITTOT	the ricepital o riame,
5		An organization operated for	or the benefit of a col	lege or university owned	l or operati	ed by a go	vernmental ur	nit describe	ad in
J				lege of differently owned	or operati	cd by a gc	verninental di	iii describe	5 <b>4</b> III
•		section 170(b)(1)(A)(iv). (C			47	70/L\/4\/A\	()		
6	H	A federal, state, or local gov	· ·				• •		and the state of the state of the
′	Ш	An organization that normal	•	ntial part of its support fr	om a gove	ernmentai	unit or from th	e generai p	oublic described in
_		section 170(b)(1)(A)(vi). (C	•						
8	Н	A community trust describe							
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10	X	An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	oort from c	ontributio	ns, membersh	iip fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11	Ш	An organization organized a	and operated exclusi	vely to test for public sat	fety.See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> o	r section (	509(a)(2).	See section 5	609(a)(3). (	Check the box in
		lines 12a through 12d that of	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting
		organization. You must c	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	n(s), by hav	ving
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	oorted
		organization(s). You mus							
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionall	y integrate	ed with,
		its supported organization	= : :						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally into	•					•	* *
		requirement (see instructi	-	•	•		•		
е		Check this box if the orga	•	-				I. Type III	
_		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., .,	
f	Fnte	er the number of supported o		)9	.9 9				
		vide the following information	•	d organization(s).					
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
				above (see mondeneme)					
Tota									

# Schedule A (Form 990 or 990-EZ) 2017 AUSABLE RIVER ASSOCIATION, INC. 14-1809 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.)

Calendar year (or fiscal year beginning in)    (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  (diffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") (a) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf (a) 2016 (b) 2014 (c) 2015 (d) 2016 (e) 2017  The value of services or facilities furnished by a governmental unit to the organization without charge (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  Total. Add lines 1 through 3 (c) 2015 (d) 2016 (e) 2017 (c) 2015 (d) 2016 (e) 2017  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) (c) 2015 (d) 2016 (e) 2017  Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  The Amounts from line 4 (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  Public supports organization interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources (c) 30 2016 (e) 2017  Public support organization interest, dividends, payments received on securities loans, rents, royalties, and income from unrelated business	
membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)   7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(f) Total
include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 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 111, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)   Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	
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	
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)  6 Public support. Subtract line 5 from line 4  Section B. Total Support  Calendar year (or fiscal year beginning in)   7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	
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)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	
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)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)   7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	
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)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	
4 Total. Add lines 1 through 3	
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	
by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	
on line 1 that exceeds 2% of the amount shown on line 11, column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	
column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	
column (f)  6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	
6 Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  7 Amounts from line 4  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	
Section B. Total Support  Calendar year (or fiscal year beginning in)   (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017  Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	
7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(f) Total
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	
securities loans, rents, royalties, and income from similar sources	
securities loans, rents, royalties, and income from similar sources	
and income from similar sources	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
11 Total support. Add lines 7 through 10	
12 Gross receipts from related activities, etc. (see instructions)	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and <b>stop here</b>	▶□
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	<u>%</u>
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box are	
stop here. The organization qualifies as a publicly supported organization	▶Ш
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b	ox
and stop here. The organization qualifies as a publicly supported organization	▶□
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 13, 16a, or 16b, and line 14 is 10% or not check a box on line 15b, and line 14 is 10% or not check a box on line 15b, and line 14b, and li	iore,
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organiza	tion
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶□
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	or
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶□
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2017

### 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.)

Callesta years (or fiscal year beginning in)   Callesta, grants, contributions, and membership fees received. (Do not include any "unusual grants")   57,004.   132,065.   250,967.   219,246.   347,796.   1007078.	Sec	ction A. Public Support						
I Giffs, grants, contributions, and membership fees received, 100 not include any *unusual grants,")  2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization is trave-empt jurpose  3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revenues levide for the organization is trave-empt jurpose in the surpose in the sunday of the property of the property is travelled or the organization without charge  5 The value of services or facilities furnished by a governmental unit to the organization without charge is furnished by a governmental unit to the organization without charge is furnished by a governmental unit to the organization without charge is furnished by a governmental unit to the organization without charge is furnished by a governmental unit to the organization without charge is furnished by a governmental unit to the organization without charge is furnished to the service of the form discqualified persons be decreased to lines 3 and 5 received of the service of the	Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
10   10   10   10   10   10   10   10		Gifts, grants, contributions, and		• •	•			
Management   Man		• ,	57,004.	132,065.	250,967.	219,246.	347,796.	1007078.
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### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	-		
	2		
	0-		
	3a		
	3b		
	0-		
	Зс		
	4a		
	4b		
	4c		
	5a		
	Eh		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	-		
	10b		
19	90 or 99	0-EZ)	2017

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Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	tion of Type in Supporting Organizations		Yes	No
4	Ware a majority of the averagination's divertous by twisters duving the tay year also a majority of the divertous		162	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	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
366	tion B. All Type in Supporting Organizations		V	N
	Did the constant of the control of the		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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	<b>I-</b>		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions,	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
5	of its supported organizations? If #Vos # describe in Part VI the release to the policies, programs, and activities of each	3h		

Par	rt V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations	
1	Check here if the organization satisfied the Integral P	art Test as a qualifying trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting	organizations must complete S	ections A through E.	
Secti	tion A - Adjusted Net Income		(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 producti	on or		
	collection of gross income or for management, conservatio	n, or		
	maintenance of property held for production of income (see			
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line	4) 8		
	tion B - Minimum Asset Amount	,	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (s	ee		
	instructions for short tax year or assets held for part of year	r):		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use ass	sets 2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (f	or greater amount,		
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from lin	ne 3) <b>5</b>		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, 0	Column A) 1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8	B, 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 s	subject to		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's fir	st as a non-functionally integra	ted Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	<sup>ব</sup> V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	ion D - Distributions		•	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemple	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

#### Schedule B (Form 990, 990-EZ.

Department of the Treasury Internal Revenue Service

Name of the organization

or 990-PF)

#### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

INC.

OMB No. 1545-0047

**2017** 

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AUSABLE RIVER ASSOCIATION

**Employer identification number** 

14-1809764

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

# AUSABLE RIVER ASSOCIATION, INC.

14-1809764

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EVERGREEN FOUNDATION, INC  PO BOX 414  LEVERETT, MA 01054	\$18,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CLOUDSPLITTER FOUNDATION  PO BOX 1357  SARANAC LAKE, NY 12983	\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	3M FOUNDATION  3M CENTER BLDG 225-1S-23  SAINT PAUL, MN 55144-1000	\$15,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PATAGONIA ENVIRONMENTAL GRANTS  259 W. SANTA CLARA ST.  VENTURA, CA 93001	\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE NATURE CONSERVANCY  P.O. 65  KEENE VALLEY, NY 12943	\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-0	NEW YORK STATE DEPARTMENT OF STATE  99 WASHINGTON AVENUE - SUITE 1010  ALBANY , NY 12231	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

# AUSABLE RIVER ASSOCIATION, INC.

14-1809764

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	US FISH AND WILDLIFE SERVICE  300 WESTGATE CENTER DRIVE  HADLEY, MA 01035	\$\$2,483.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	LAKE CHAMPLAIN BASIN PROGRAM  54 WEST SHORE ROAD  GRAND ISLE, VT 05458	\$ 22,690.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, audress, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

## AUSABLE RIVER ASSOCIATION, INC.

14-1809764

	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization Employer identification number AUSABLE RIVER ASSOCIATION, INC.

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization

AUSABLE RIVER ASSOCIATION, INC.

**Employer identification number** 14-1809764

110511511 1111 11550011111011, 11101
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.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
OWNERS, MUNICIPALITIES, AND OTHERS;
C) 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.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:
TELEPHONE:

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization  AUSABLE RIVER ASSOCIATION, INC.	Employer identification number 14-1809764
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,192.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,192.
MONITORING:	
PROGRAM SERVICE EXPENSES	2,165.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,165.
BOARD EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	401.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	401.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	4,758.