GOVERNMENT COPY

# Bonadio & Co., LLP Certified Public Accountants

JULY 15, 2021

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

AUSABLE RIVER ASSOCIATION, INC.:

ENCLOSED IS THE ORGANIZATION'S 2020 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, 2021.

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

JULY 15, 2021

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

AUSABLE RIVER ASSOCIATION, INC.:

WE HAVE PREPARED AND ENCLOSED YOUR 2020 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

ainnina	. 2020, and ending	. 20

Department of the Treasury	<b> </b>	Do not send to the IRS. Ke	ep for your records.		
Internal Revenue Service	1	to www.irs.gov/Form8879EO	for the latest information.		
Name of exempt organization	n or person subject to tax			Taxpayer ident	ification number
AUSABLE RIVER	R ASSOCIATION,	, INC.		14-1809	9764
Name and title of officer or p				•	
KELLEY TUCKER	1				
EXECUTIVE DIF	RECTOR				
Part I Type of	Return and Return	Information (Whole Dolla	rs Only)		
check the box on line 1a, blank, then leave line 1b,	2a, 3a, 4a, 5a, 6a, or 7a 2b, 3b, 4b, 5b, 6b, or 7b, ne applicable line below. I	below, and the amount on that whichever is applicable, blank <b>Do not</b> complete more than on	r the applicable amount, if any, t line for the return being filed w (do not enter -0-). But, if you en the line in Part I. III, column (A), line 12)	vith this form was ntered -0- on the	•
2a Form 990-EZ check	here h Total	revenue if any (Form 990.F7	, line 9)		71071011
3a Form 1120-POL che			22)		
4a Form 990-PF check			(Form 990-PF, Part VI, line 5)		
5a Form 8868 check he					
6a Form 990-T check he			4)		
7a Form 4720 check he	re ▶	tax (Form 4720, Part III, line 1	)	7b	
Part II Declara	tion and Signature	Authorization of Officer	r or Person Subject to T	ax	
			zation or I am a person		
(name of organization)			, (EIN)	and that	I have examined a cop
(settlement) date. I also a confidential information n identification number (PIN PIN: check one box only	uthorize the financial insti ecessary to answer inquir s) as my signature for the	tutions involved in the process ies and resolve issues related t electronic return and, if applica	<ul> <li>later than 2 business days pring of the electronic payment of the payment. I have selected able, the consent to electronic face.</li> </ul>	of taxes to receive I a personal funds withdrawal.	
X I authorize BC	ONADIO & CO.,	<u>LLP</u>		_ to enter my PIN	
		ERO firm name			Enter five numbers, but do not enter all zeros
a state agency PIN on the retu As an officer or electronically fi	(ies) regulating charities as rn's disclosure consent so person subject to tax wit led return. If I have indicat	s part of the IRS Fed/State proc creen. h respect to the organization, I led within this return that a cop	e indicated within this return that gram, I also authorize the afore will enter my PIN as my signat by of the return is being filed with y PIN on the return's disclosure	mentioned ERO to ure on the tax year th a state agency(ie	enter my
Signature of officer or person subj				Date <b>&gt;</b>	
	ation and Authentic				
•	our six-digit electronic filir		140070100	<u> </u>	
number (EFIN) followed b	y your five-digit self-select	ed PIN.	1422721220 Do not enter all zer		
-	return in accordance with		0 electronically filed return indi 3, Modernized e-File (MeF) Info		
ERO's signature			Date <b>&gt;</b>		
		Must Retain This Form to the IRS	n - See Instructions Unless Requested To D	o So	
LHA For Paperwork Re	duction Act Notice, see	instructions.		Fo	orm <b>8879-EO</b> (2020)

#### EXTENDED TO NOVEMBER 15, 2021

**Return of Organization Exempt From Income Tax** 

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

Open to Public

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

ΑF	For the	2020 calendar year, or tax year beginning and	ending		
B	Check if applicable	C Name of organization		D Employer identifie	cation number
	Addres	AUSABLE RIVER ASSOCIATION, INC.			
	Name change	Doing business as		14-18097	64
	Initial 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-	
	⊥return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	721,354.
	Amend			H(a) Is this a group re	
F	Applica tion				? Yes X No
	pendin	1181 HASELTON ROAD, WILMINGTON, NY 129	97	H(b) Are all subordinates in	
		empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) ( ) $\overline{}$ (insert no.) $\overline{}$ 4947(a)(1) of		1	list. See instructions
		e: AUSABLERIVER. ORG	JI JZ1	H(c) Group exemptio	
		organization: X Corporation	I Voor		State of legal domicile: NY
		Summary	L TEAT	or iorniation. ±555  N	1 State of legal dominione. IN I
	_	Briefly describe the organization's mission or most significant activities: THE	ATISABL	E RIVER ASSO	OCTATION
çe	' :	PROVIDES PUBLIC EDUCATION, SCIENTIFIC MON			
Governance	2	Check this box  if the organization discontinued its operations or dispose			
/eri	3			3	11
ģ	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
		Fotal number of individuals employed in calendar year 2020 (Part V, line 2a)			7
ties	6	Fotal number of volunteers (estimate if necessary)			35
Activities &	72.	Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
Ą	h	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	D	vet differenced business taxable fricome from 1 offit 990-1, 1 at 1, life 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		314,121.	658,862.
Revenue	9			31,331.	62,483.
	10	Program service revenue (Part VIII, line 2g)  nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		21.	9.
Be	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-4,873.
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		345,473.	716,481.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1			0.	0.
	45 6	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		247,963.	259,413.
ses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h ioa	Fotal fundraising expenses (Part IX, column (D), line 25)		•	•
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		120,284.	324,495.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		368,247.	583,908.
	1	Revenue less expenses. Subtract line 18 from line 12		-22,774.	132,573.
		nevertue less experises. Subtract line 10 front line 12		ginning of Current Year	End of Year
Assets or	20	Total assets (Part X, line 16)		128,381.	198,231.
ASSE Rais	21	Fotal liabilities (Part X, line 16)		93,277.	30,554.
Net/	-	Net assets or fund balances. Subtract line 21 from line 20		35,104.	167,677.
	art II	Signature Block		3371011	10170111
Und	er penal	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			into mougo una sonoi, it io
iiuo	, 001100	A substitution of property (other than officer) to become an an information of the	non propuror	That any knowledge:	
Sig	n I	Signature of officer		Date	
Her	- 1	KELLEY TUCKER, EXECUTIVE DIRECTOR			
	Ĭ	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	,	EDWARD KNAPP		if self-employ	
	parer	Firm's name BONADIO & CO., LLP	<u> </u>		16-1131146
-	Only	Firm's address 6 WEMBLEY CT		THIII 3 LIIV	
	· · · · · ·	ALBANY, NY 12205		Phone no. (5	18) 464-4080
Mar	the ID	S discuss this return with the preparer shown above? See instructions		Ti none no. ( 5	X Yes No
ivid	,	S GOOGO THE TOTAL WITH THE PROPERTY OF OWN ADDIVE OCC HISTIAGUIONS			103110

Pai	rt 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 THE HEALTH AND	
	RESILIENCE OF THE AUSABLE RIVER FOR THE BENEFIT OF ECOSYSTEMS AND THE	Í
	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?	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 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	Ł
	revenue, if any, for each program service reported.	0.0
4a		<u>.83.</u>
	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 OU	K
	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 T	
	EFFECTIVENESS OF SOLUTIONS TO MANAGE, PROTECT, AND RESTORE THE AUSABL	E
	RIVER WATERSHED; B) CONSERVE AND STEWARD WATERSHED RESOURCES- ASRA WORKS TO CREATE AN	
	ETHIC OF RIVER STEWARDSHIP - A SENSE OF COMMON PURPOSE AND SHARED GOA	TC
	FOR PROTECTING THE RIVER AMONG PRIVATE LANDOWNERS, RESIDENTS, BUSINES	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
40	(Code:) (Expenses \$	,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e		20 (0000)

#### 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in 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	٣		
U	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,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<sub>V</sub>
	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?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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	Х	
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		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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<b></b> -		
ızu	, ,	12a		x
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	124		<del></del>
b		12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			<b>.</b>
	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		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
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		Х
		_		_

## Form 990 (2020) AUSABLE RIVER ASSOCIATION, INC. Part IV Checklist of Required Schedules (continued)

	(GOTHINGG)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			ı
	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			ı
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ı
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ı
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ı
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ı
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ı
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			ı
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
04	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		Х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		Х
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ı
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	ı
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		X
032004	12-23-20	Form	990	(2020)

Form 990 (2020) AUSABLE RIVER ASSOCIATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued).

	to accompliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 7			v
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
0-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	0-		Х
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Λ
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
<del>4</del> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country	ти		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			7.7
	to file Form 8282?	7c		X
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?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
н 8	If 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	/11		
Ü	appropriate executive have exceed by since heldings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
<b>h</b>	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		F	aan	(0000

Form **990** (2020)

AUSABLE RIVER ASSOCIATION, INC. 14-1809764 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. 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 on Schedule O. 10 **b** Enter the number of voting members included on 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, 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: a The governing body? Х 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 on 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

#### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	►NY

exempt status with respect to such arrangements?

1181 HASELTON RD., WILMINGTON,

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

Own website Another's website X Upon request Other (explain on Schedule O)

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

19 Describe on 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.

NY

State the name, address, and telephone number of the person who possesses the organization's books and records **ELLEY TUCKER** – 518-637-6859

Form **990** (2020)

12997

## 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.

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

<b>(A)</b> Name and title	(B) Average hours per	box	not c , unle:	Posi heck i ss per	more son i	than of structures	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	_	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KELLEY TUCKER	35.00	-		.,				66 055		7 412
EXECUTIVE DIRECTOR	0.00	-		Х				66,255.	0.	7,413
(2) LARRY MASTER DIRECTOR	0.00	X						0.	0.	0
(3) EVAN BOTTCHER	0.00	^						0.	0.	U
DIRECTOR	0.00	X	_					0.	0.	0
(4) JOHN SCHULER	0.00	25							•	
DIRECTOR		х						0.	0.	0
(5) WALLLACE WALTERS	0.00									
SECRETARY		Х		Х		1		0.	0.	0
(6) KENNETH BROWNELL	0.00									
VICE CHAIRMAN		Х		Х				0.	0.	0 .
(7) JOHN BRAICO	0.00									
DIRECTOR		Х						0.	0.	0 .
(8) ELIZABETH CLARKE	0.00	l								
CHAIRMAN		X		Х				0.	0.	0
(9) AUDREY HYSON	0.00								,	
DIRECTOR (10) GWAN GWAN	0.00	X	_					0.	0.	0
(10) CHARLIE COWAN TREASURER	0.00	X		х				0.	0.	0
(11) RICHARD CONNEY	0.00	^						1	0.	0
DIRECTOR	0.00	X						0.	0.	0
								· ·	•	
			L							
		1								
		<u> </u>	_			_				
		1								
										<b>5</b> 000 (22)

Form 990 (2020)

Form 990 (2020) AUSABLE RIVER ASSOCIATION, INC. 14-1809										3097	64	P	age 8	
Pai	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	<b>(A)</b> Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more rson i	than of s both or/trus	an	( <b>D</b> ) Reportable compensation from	<b>(E)</b> Reportable compensatio from related			(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fi org an	pensa rom th anizat d relat anizati	e ion ed
	Subtotal					H		<b></b>	66,255.		0.		7,4	13.
c d	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						<b>&gt;</b>	0. 66,255.		0.		7,4	0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	•		Yes	0 <b>N</b> o
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual									[	3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		Х
Sec	rendered to the organization? If "Yes." comtion B. Independent Contractors	plete Schedule	e <i>J f</i> e	or st	ıch r	oers	on .	<u></u>				5		Х
1	Complete this table for your five highest countries organization. Report compensation for	•	-							· · · · · · · · · · · · · · · · · · ·	ensati	on fr	om	
	(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	Co	)( ompe	C) nsatio	n
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organization)	•	ot lin	nited	d to t	thos		ted	above) who received mo	ore than				
											F	orm	<b>990</b> (	2020)

Ра	rt V	111			5			
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
- W 10	1	_	Federated campaigns 1a					
anta	•							
جَ ق			Fundraising events 1b	3,900.				
fts,			Related organizations 1d	3,300.				
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e	415,445.				
Sin			All other contributions, gifts, grants, and	110,110				
e ti		•	similar amounts not included above 1f	239,517.				
ᅙᇎ		a	Noncash contributions included in lines 1a-1f					
Se		_	Total. Add lines 1a-1f	<b>•</b>	658,862.			
<u> </u>			Totall / loa in loa in in	Business Code				
ø.	2	а	MONITORING	110000	62,483.	62,483.		
Program Service Revenue	_	b			, ,	,		
Ser		c						
E S		d						
gg.		e						
P		f	All other program service revenue					
			Total. Add lines 2a-2f		62,483.			
	3		Investment income (including dividends, intere					
			other similar amounts)	<b>&gt;</b>	9.	·		9.
	4 Income from investment of tax-exempt bond prod							
	5		Royalties	<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	<b>_</b>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
Revenue			and sales expenses					
ě.			Gain or (loss)	L .				
			Net gain or (loss)	<u></u>				
Other	8	а	Gross income from fundraising events (not					
Ò			including \$ of					
			contributions reported on line 1c). See	0				
			Part IV, line 18					
			Less: direct expenses <u>8b</u> Net income or (loss) from fundraising events	₹,075.	-4,873.			-4,873.
			` '		4,075.			4,075
	9	а	Gross income from gaming activities. See Part IV, line 19 9a					
		h	Part IV, line 19 9a Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
	10	u	and allowances10a	9				
		h	Less: cost of goods sold 10th					
			Net income or (loss) from sales of inventory	•				
				Business Code				
Snc	11	а						
nec	-	b						
Miscellaneous Revenue		С						
isc R			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		716,481.	62,483.	0.	-4,864.

	on 501(c)(3) and 501(c)(4) organizations must compl		r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons			(0)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</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				
4	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
3	trustees, and key employees	73,669.	60,813.	8,833.	4,023.
6	Compensation not included above to disqualified	7370031	00,0131	0,0331	1,0230
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	149,511.	123,422.	17,926.	8,163.
8	Pension plan accruals and contributions (include	•	, A	,	•
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	36,233.	29,911.	4,344.	1,978.
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	6,680.		6,680.	
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 O.)	C 254		F F00	0.4.6
12	Advertising and promotion	6,354.		5,508.	846.
13	Office expenses	5,649.	6 005	4,784.	865. 463.
14	Information technology	8,474.	6,995.	1,016.	403.
15	Royalties	12,000.	9,906.	1,439.	655.
16	Occupancy	10,331.	9,746.	585.	033•
17	- Tavoi	10,551.	J, 140•	303.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,871.		1,871.	
23	Insurance	1,786.		1,786.	
24	Other expenses. Itemize expenses not covered	·			
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MATERIALS	155,093.	155,093.		
b	PAYMENTS TO SUBCONTRACT	87,614.	87,614.		
С	MONITORING	12,273.	12,273.		
d	MISCELLANEOUS	4,716.	1,448.	1,549.	1,719.
е	All other expenses	11,654.	105 225	10,319.	1,335.
25	Total functional expenses. Add lines 1 through 24e	583,908.	497,221.	66,640.	20,047.
26	<b>Joint costs.</b> 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)				Farm <b>990</b> (0000)

Form **990** (2020)

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to a	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			94,084.	1	131,934.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			22,112.	4	54,861
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese per	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in se	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	3,189.	11,685.	10c	10,936
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin	ie 11 .	4		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			500.	15	500
	16	Total assets. Add lines 1 through 15 (must ed			128,381.	16	198,231
	17	Accounts payable and accrued expenses			26,604.	17	30,554
	18	Grants payable			66 682	18	
	19	Deferred revenue			66,673.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
jab		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrela		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin		·			
		of Schedule D			93,277.	25	30,554.
	26	Total liabilities. Add lines 17 through 25			93,411.	26	30,334
ပ္ပ		Organizations that follow FASB ASC 958, c	песк пе	e 🕨 🛕			
ac	07	and complete lines 27, 28, 32, and 33.			35,104.	27	167,677.
ala	27	Net assets without donor restrictions			33,104.	28	107,077
В В	28	Net assets with donor restrictions  Organizations that do not follow FASB ASC				20	
들		and complete lines 29 through 33.	, 956, Ci	eck fiere			
ō	20	·	40			29	
ets	29 30	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or				30	
SSI	31					31	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated			35,104.	32	167,677
Ž	32 33	Total net assets or fund balances  Total liabilities and net assets/fund balances			128,381.	33	198,231

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		6,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	5,1	04.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	16	7,6	<u>77.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
	• · · · · · · · · · · · · · · · · · · ·			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			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				37
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	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				
c 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on 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?		3a		<u>X</u>
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 on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

032012 12-23-20

#### SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

### **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

**Employer identification number** Name of the organization AUSABLE RIVER ASSOCIATION, 14-1809764 INC. 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. 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) above (see instructions))

#### 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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,						
					1		
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(a) 2010	(3) 2011	(0) 20 10	(4) 2010	(0) 2.02.0	(1) 10141
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10	ata faaa baata att				40	
12	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the	-		•			. □
Sec	organization, check this box and stop ction C. Computation of Publi						············ <b>P</b>
	Public support percentage for 2020 (li			column (f))		14	%
	Public support percentage from 2019					15	<del>/</del> 6
	<b>33 1/3% support test - 2020.</b> If the co						
104	<b>stop here.</b> The organization qualifies						. —
h	33 1/3% support test - 2019. If the co		~				
	and <b>stop here.</b> The organization quali						
17^	10% -facts-and-circumstances test		• •			and line 14 is 10%	
17 a		-					•
	and if the organization meets the facts				· ·		<b>.</b> —
1-	meets the facts-and-circumstances te	-	•	*	-	170 and line 15 in	
a	10% -facts-and-circumstances test	_					10% Or
	more, and if the organization meets the				-		▶ □
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 1/a, or 17b	, check this box a	and see instructions	s

#### 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.)

Sec	ction A. Public Support	,,	,					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not							
	include any "unusual grants.")	219,246.	347,796.	294,668.	345,473.	716,481.	1923664.	
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	15.	13.	32.	21.	9.	90.	
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	219,261.	347,809.	294,700.	345,494.	716,490.	1923754.	
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
c	: Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						1923754.	
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties,	219,261.	347,809.	294,700. 32.	345,494.	716,490.	1923754.	
	and income from similar sources	13.	13.	34.	۷1.	9.	90.	
E.	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b	15.	13.	32.	21.	9.	90.	
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.)	219,276.	347,822.	294,732.	345,515.	716,499.	1923844.	
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,	
	check this box and stop here						<b>&gt;</b>	
	ction C. Computation of Publi						100 00	
	Public support percentage for 2020 (li	, , , , , ,	,	( , ,			100.00 %	
	16 Public support percentage from 2019 Schedule A, Part III, line 15							
	-			20 12 column (f)		17	.00 %	
	Investment income percentage for 20							
	B Investment income percentage from 2019 Schedule A, Part III, line 17							
	more than 33 1/3%, check this box are 33 1/3% support tests - 2019. If the	nd <b>stop here.</b> The	organization qualif	fies as a publicly su	upported organizat	ion	<b>▶</b> X	
i.	line 18 is not more than 33 1/3%, che							
20	Private foundation If the organization							

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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 line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4a		
ти		
4b		
4c		
2		
_		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
40		
10a		
10b		

· u	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. rtion B. Type I Supporting Organizations	11c		
360	tion b. Type i Supporting Organizations		V	Na
4	Did the governing hady, members of the governing hady officers acting in their official capacity, or membership of one or		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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			
			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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations		V	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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)	i-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	struction	Yes	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		res	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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				
	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	Ш	
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes" describe in <b>Part VI</b> the role played by the organization in this regard	3b	ı ,	

Part \	✓ Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		· ·	
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
2 R	ecoveries of prior-year distributions	2		
<b>3</b> O	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
<b>5</b> D	epreciation and depletion	5		
<b>6</b> Pc	ortion of operating expenses paid or incurred for production or			
co	ollection of gross income or for management, conservation, or			
m	aintenance of property held for production of income (see instructions)	6		
	ther expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):		_	
a A	verage monthly value of securities	1a		
b A	verage monthly cash balances	1b		
<b>c</b> Fa	air market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
e D	iscount claimed for blockage or other factors			
	xplain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> Sı	ubtract line 2 from line 1d.	3		
	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, ee instructions).	4		
	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
	linimum Asset Amount (add line 7 to line 6)	8		
	C - Distributable Amount			Current Year
<b>1</b> A	djusted net income for prior year (from Section A, line 8, column A)	1		
	nter 0.85 of line 1.	2		
<b>3</b> M	inimum asset amount for prior year (from Section B, line 8, column A)	3		
	nter greater of line 2 or line 3.	4		
	come tax imposed in prior year	5		
	istributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionall	v integra	ted Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Fai	t v Type in Non-Functionally integrated 509(	aj(s) Supporting Orga	ilizations (contint	<u>ıed) </u>	
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<b>i</b>	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-		A		
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
<u>i_</u>	Carryover from 2015 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
_8_	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
d	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

#### Schedule B

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

Department of the Treasury Internal Revenue Service

#### **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

14-1809764

**2020** 

Name of the organization Employer identification number

AUSABLE RIVER ASSOCIATION

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

### 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	\$\$	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		
2	CLOUDSPLITTER FOUNDATION  PO BOX 1357  SARANAC LAKE, NY 12983	\$ 26,000.	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		
3	NEW YORK STATE DEPARTMENT OF STATE  99 WASHINGTON AVENUE - SUITE 1010  ALBANY, NY 12231	\$ <u>22,527.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	US FISH AND WILDLIFE SERVICE  300 WESTGATE CENTER DRIVE  HADLEY, MA 01035	\$ <u>101,673.</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	LAKE CHAMPLAIN BASIN PROGRAM  54 WEST SHORE ROAD  GRAND ISLE, VT 05458	\$ 224,745.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	CAROL AND EDMUND BLAKE FOUNDATION  335 MADISON AVE, SUITE 1100  NEW YORK, NY 10017	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
			000 000 E7 av 000 DE) (0000)		

Name of organization Employer identification number

### 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	SWEET HOUSEHOLD  516 MIRROR LAKE DRIVE PO BOX 310  LAKE PLACID, NY 12946	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ADIRONDACK MOUNTAIN RESERVE  137 AUSABLE CLUB ROAD  ST. HUBERTS, NY 12943	\$ 30,000.	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
9	DOOLITTLE HOUSEHOLD PO BOX 487 KEENE VALLEY , NY 12943	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4  COOK AND BOOTH HOUSEHOLD  61 EASTERN PARKWAY, APARTMENT 1F  BROOKLYN , NY 12942	Total contributions  \$ 6,413.	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
11	TOWN OF KEENE  PO BOX 89  KEENE, NY 12942	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### AUSABLE RIVER ASSOCIATION, INC.

14-1809764

		dditional 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. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom	(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. 14-1809764 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 D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AUSABLE RIVER ASSOCIATION, INC. **Employer identification number** 14-1809764

Schedule D (Form 990) 2020

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(b) i dilac and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			1 - 1
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
_	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	-	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statement	ents that describes the
Par	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art Historical Treasures or Ot	her Similar Assets
ı uı	Complete if the organization answered "Yes" on Form		and diffinal Addator
	If the organization elected, as permitted under FASB ASC 958		and balance sheet works
	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan	, ,	•
b	If the organization elected, as permitted under FASB ASC 958		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	over monitority caddation, or recognism in that	iotalise of public colvide,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b> A
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	-	<b>&gt;</b> \$
	Assets included in Form 990, Part X		

032051 12-01-20

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

Par	rt III Organizations Maintaining Co	ollections of Art	t, Histo	rical Tre	asures, o	r Other	Similar	Assets	(continu	ed)	_
3	Using the organization's acquisition, accession	n, and other records	s, check	any of the f	ollowing that	make sig	nificant ι	ise of its	•	,	
	collection items (check all that apply):										
а	Public exhibition	d	ι 🔲 ι	oan or excl	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	llections and explair	n how the	ey further th	e organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, his	torical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be mai	intained as part of th	ne organ	ization's col	lection?				Yes		No
Par	rt IV Escrow and Custodial Arrang	jements. Comple	ete if the	organizatio	n answered '	'Yes" on I	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for c	ontributions	or other ass	sets not ir	cluded				
	on Form 990, Part X?							$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	n has been i	orovided on I	Part XIII					
Par	rt V Endowment Funds. Complete if	the organization an	swered '	'Yes" on Fo	rm 990, Part	IV, line 10	٥.				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back (	<b>d)</b> Three y	ears back	(e) Four y	ears ba	ack
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										_
	and programs										
f	Administrative expenses										_
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a)	) held as:						_
а	Board designated or quasi-endowment	,	%		,						
b	Permanent endowment	%									
С	Term endowment > 9	<del></del>									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	tion that	are held an	d administer	ed for the	organiza	ition			
	by:								\[\bar{\gamma}\]	es l	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the									•	_
Par	rt VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 990	, Part IV,	line 11a. S	ee Form 990	, Part X, Ii	ine 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	ed	(d) Book	value	
	,	basis (investn	nent)	basis (	(other)	dep	reciation				
1a	Land										_
	Buildings										_
	Leasehold improvements										
	Equipment										_
	Other			1	4,125.		3,18	39.	10	,93	<del>6.</del>
	I Add lines to through to (0.1 (4)		., ,	(5) " 1	,		- , - ,		10	03	<u></u>

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020	AUSABLE RIVER	ASSOCIATION	, INC.	14-1809764 Page 3
	Other Securities.			
			1b. See Form 990, Part X, line 12.	
(a) Description of security or categ		(b) Book value	(c) Method of valuation: Cost	or end-or-year market value
<ul><li>(2) Closely held equity interests</li><li>(3) Other</li></ul>				
(A) (A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990 Part VIII Investments - I				
Complete if the orga	anization answered "Yes" on I	Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of	investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)	Don't V and (D) line 10 )			
Total. (Col. (b) must equal Form 990  Part IX Other Assets.	, Part X, col. (B) lille 13.)		<del></del>	
	anization answered "Yes" on I	Form 990 Part IV line 1	1d. See Form 990, Part X, line 15.	
		scription	a. 330 / 3111 330, 1 412 X, 1110 13.	(b) Book value
(1)	. , ,			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Fo	rm 990, Part X. col. (B) line 15 S <b>.</b>	)		▶
Complete if the orga	anization answered "Yes" on I	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, li	ne 25.
<b>1.</b> (a) De	escription of liability			(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Fo	rm 990, Part X, col. (B) line 25	.)		🖊

Schedule D (Form 990) 2020

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

Pai	rt XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.	<u>-</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b				
С	Recoveries of prior year grants	2c		
d		1 4.1		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	-	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	, , , ,	4a		
h		416		
	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
c 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 18.)			
5 <b>Pa</b>	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.		5	
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	Ι,
5 Pai	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	I,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,
5 Pai	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII   Supplemental Information.  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV, lines 1b and 2b;	5	l,

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Name of the organization

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

Department of the Treasury Internal Revenue Service

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.



## **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

2020

Open to Public Inspection

#### 1.General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2020 and Ending (mm/dd/yyyy) 12/31/2020						
Check if Applicable: Name of Organization: Employer Identification Number (EIN):						
Address Change	AUSABLE RIVER AS	SOCIATION,	INC.	14-1809764		
Name Change	Mailing Address:			NY Registration Number:		
Initial Filing	PO BOX 8			06-54-23		
Final Filing	City / State / ZIP:			Telephone:		
Amended Filing	WILMINGTON, NY	12997		518 637-6859		
Reg ID Pending	Website:			Email:		
	AUSABLERIVER.ORG			SARAH@AUSABLERIVER.		
Check your organization's  Confirm your Registration Category in the						
registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT* Charities Registry at www.Charities NYS.com.						
2. Certification						
See instructions for certi	ication requirements. Improper cer	tification is a violation	of law that may be subject	to penalties. The certification requires		
two signatories.						
We certify under	penalties of perjury that we reviewed	d this report including	all attachments, and to the	best of our knowledge and belief		
	re true, correct and complete in acc					
			KELLEY TUC	KER		
President or Authorized	Officer:		EXECUTIVE I			
	Signature		Print Name	e and Title Date		
	· ·		CHARLES CO	WAN		
Chief Financial Officer of	r Treasurer:		TREASURER			
	Signature		Print Name	e and Title Date		
3. Annual Reportin	g Exemption					
				gory (7A or EPTL only filers) or both		
categories (DUAL filers)	hat apply to your registration, comp	plete only parts 1, 2, ar	nd 3, and submit the certifie	ed Char500. No fee, schedules, or		
categories (DUAL filers) additional attachments a	hat apply to your registration, compre required. If you cannot claim an	plete only parts 1, 2, ar	nd 3, and submit the certifie			
categories (DUAL filers) additional attachments a	hat apply to your registration, comp	plete only parts 1, 2, ar	nd 3, and submit the certifie	ed Char500. No fee, schedules, or		
categories (DUAL filers) additional attachments a schedules and attachments	hat apply to your registration, compre required. If you cannot claim an nts and pay applicable fees.	plete only parts 1, 2, ar exemption or are a DU	nd 3, and submit the certific AL filer that claims only one	ed Char500. No fee, schedules, or e exemption, you must file applicable		
categories (DUAL filers) additional attachments a schedules and attachme	hat apply to your registration, compre required. If you cannot claim an nts and pay applicable fees.  In gexemption: Total contributions for the second seco	plete only parts 1, 2, ar exemption or are a DU	nd 3, and submit the certific AL filer that claims only one gresidents, foundations, go	ed Char500. No fee, schedules, or e exemption, you must file applicable overnment agencies, etc. did not		
categories (DUAL filers) additional attachments a schedules and attachments are also as a schedules and attachments at a schedules and attachments are also as a schedules are	that apply to your registration, compre required. If you cannot claim and that and pay applicable fees.  In a exemption: Total contributions for the contributions of the organization did not the contribution of the organization did not the organi	plete only parts 1, 2, ar exemption or are a DU	nd 3, and submit the certific AL filer that claims only one gresidents, foundations, go	ed Char500. No fee, schedules, or e exemption, you must file applicable overnment agencies, etc. did not		
categories (DUAL filers) additional attachments a schedules and attachments are also as a schedules and attachments at a schedules and attachments are also as a schedules are	hat apply to your registration, compre required. If you cannot claim an nts and pay applicable fees.  In gexemption: Total contributions for the second seco	plete only parts 1, 2, ar exemption or are a DU	nd 3, and submit the certific AL filer that claims only one gresidents, foundations, go	ed Char500. No fee, schedules, or e exemption, you must file applicable overnment agencies, etc. did not		
categories (DUAL filers) additional attachments a schedules and attachments and attachments and attachments and attachments are schedules and attachments and attachments are schedules are schedules and attachments are schedules are schedules and attachments are schedules	that apply to your registration, compre required. If you cannot claim and the and pay applicable fees.  In a exemption: Total contributions for the compression of the organization did not the compression of the fiscal year.	plete only parts 1, 2, ar exemption or are a DU from NY State including t engage a professional	nd 3, and submit the certific AL filer that claims only one gresidents, foundations, go I fund raiser (PFR) or fund r	ed Char500. No fee, schedules, or e exemption, you must file applicable exemption by entry agencies, etc. did not raising counsel (FRC) to solicit		
categories (DUAL filers) additional attachments a schedules and attachments and attachments and attachments and attachments and attachments and an articles and attachments and an articles are also an articles and attachments and attachments are also articles are also articles and attachments are also articles and attachments are also articles are also articles are also articles are also articles are also	that apply to your registration, compre required. If you cannot claim and the and pay applicable fees.  In a exemption: Total contributions for the organization did not consider the fiscal year.  In a seemption: Gross receipts did filing exemption: Gross receipts did	plete only parts 1, 2, ar exemption or are a DU from NY State including t engage a professional	nd 3, and submit the certific AL filer that claims only one gresidents, foundations, go I fund raiser (PFR) or fund r	ed Char500. No fee, schedules, or e exemption, you must file applicable overnment agencies, etc. did not		
categories (DUAL filers) additional attachments a schedules and attachments and attachments and attachments and attachments and attachments and an articles and attachments and an articles are also an articles and attachments and attachments are also articles are also articles and attachments are also articles and attachments are also articles are also articles are also articles are also articles are also	that apply to your registration, compre required. If you cannot claim and the and pay applicable fees.  In a exemption: Total contributions for the compression of the organization did not the compression of the fiscal year.	plete only parts 1, 2, ar exemption or are a DU from NY State including t engage a professional	nd 3, and submit the certific AL filer that claims only one gresidents, foundations, go I fund raiser (PFR) or fund r	ed Char500. No fee, schedules, or e exemption, you must file applicable exemption by entry agencies, etc. did not raising counsel (FRC) to solicit		
categories (DUAL filers) additional attachments a schedules and attachment and attachments and attachments and attachments and attachments and an action and attachment and an action attachment and action attachment and attachment and attachment and attachment and attachment attachment and attachment attachment and attachment att	that apply to your registration, compre required. If you cannot claim an into and pay applicable fees.  In a exemption: Total contributions for the organization did not ons during the fiscal year.  In a exemption: Gross receipts did a fiscal year.	plete only parts 1, 2, ar exemption or are a DU from NY State including t engage a professional	nd 3, and submit the certific AL filer that claims only one gresidents, foundations, go I fund raiser (PFR) or fund r	ed Char500. No fee, schedules, or e exemption, you must file applicable exemption by entry agencies, etc. did not raising counsel (FRC) to solicit		
categories (DUAL filers) additional attachments a schedules and attachments as a schedules and a schedules and a schedules and a	that apply to your registration, compre required. If you cannot claim an into and pay applicable fees.  In a exemption: Total contributions for the organization did not ons during the fiscal year.  In a exemption: Gross receipts did a fiscal year.	plete only parts 1, 2, ar exemption or are a DU from NY State including t engage a professional	nd 3, and submit the certific AL filer that claims only one gresidents, foundations, go I fund raiser (PFR) or fund r	ed Char500. No fee, schedules, or e exemption, you must file applicable exemption by entry agencies, etc. did not raising counsel (FRC) to solicit		
categories (DUAL filers) to additional attachments a schedules and attachments as schedules and attachments as a schedules and attachments at a schedules at a sc	that apply to your registration, compre required. If you cannot claim and the and pay applicable fees.  In a exemption: Total contributions of the organization did not the organization did not the fiscal year.  It is a given by the fiscal year.	plete only parts 1, 2, ar exemption or are a DU from NY State including t engage a professional	nd 3, and submit the certific AL filer that claims only one g residents, foundations, go I fund raiser (PFR) or fund re and the market value of ass	ed Char500. No fee, schedules, or e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit sets did not exceed \$25,000 at any time		
categories (DUAL filers) additional attachments a schedules and attachments a schedules and attachments and attachments and an acceptance of the schedules and attachments and acceptance of the schedules and attachments as a schedules and attachments as acceptance of the schedules and attachments as acceptance of the schedules and attachments as acceptance of the schedules and attachments as a schedules and attachment acceptance of the schedules and acceptance of the schedules acceptance of the schedules and acceptance of the schedules and acceptance of the schedules acceptance of the schedules and acceptance of the schedules and acceptance of the schedules acceptance of	that apply to your registration, compre required. If you cannot claim an ants and pay applicable fees.  In a exemption: Total contributions of the organization did not ons during the fiscal year.  It is a filling exemption: Gross receipts did a fiscal year.  It is a Yes X No 4a. Did your of the required to the first of the fiscal year.	plete only parts 1, 2, ar exemption or are a DU. From NY State including tengage a professional d not exceed \$25,000 architecture.	nd 3, and submit the certific AL filer that claims only one gresidents, foundations, go I fund raiser (PFR) or fund raiser and the market value of ass	ed Char500. No fee, schedules, or e exemption, you must file applicable exemption.		
categories (DUAL filers) to additional attachments a schedules and attachments as schedules and attachments as a schedules and attachments at a schedules at a sc	that apply to your registration, compre required. If you cannot claim an ants and pay applicable fees.  In a exemption: Total contributions of the organization did not ons during the fiscal year.  It is a filling exemption: Gross receipts did a fiscal year.  It is a Yes X No 4a. Did your of the required to the first of the fiscal year.	plete only parts 1, 2, ar exemption or are a DU. From NY State including tengage a professional d not exceed \$25,000 architecture.	nd 3, and submit the certific AL filer that claims only one g residents, foundations, go I fund raiser (PFR) or fund re and the market value of ass	ed Char500. No fee, schedules, or e exemption, you must file applicable exemption.		
categories (DUAL filers) and additional attachments a schedules and attachments as schedules and attachments and attachments and attachments and attachments and attachments and attachments (DUAL filers) and attachments att	that apply to your registration, compre required. If you cannot claim an ants and pay applicable fees.  In a exemption: Total contributions of the organization did not ons during the fiscal year.  It is a contribution of the organization of the organization did not ons during the fiscal year.  It is a contribution of the organization of the org	plete only parts 1, 2, ar exemption or are a DU.  from NY State including t engage a professional d not exceed \$25,000 and the exceed \$25	and 3, and submit the certific AL filer that claims only one g residents, foundations, go I fund raiser (PFR) or fund n and the market value of ass ressional fund raiser, fund r	ed Char500. No fee, schedules, or e exemption, you must file applicable exemption of the exemption of th		
categories (DUAL filers) and additional attachments a schedules and attachments as schedules and attachments and attachments and attachments and attachments and attachments to complete your filing.	that apply to your registration, compre required. If you cannot claim an ants and pay applicable fees.  In a exemption: Total contributions of the organization did not ons during the fiscal year.  It is a contribution of the organization of the organization did not ons during the fiscal year.  It is a contribution of the organization of the org	plete only parts 1, 2, ar exemption or are a DU.  from NY State including t engage a professional d not exceed \$25,000 and the exceed \$25	nd 3, and submit the certific AL filer that claims only one gresidents, foundations, go I fund raiser (PFR) or fund raiser and the market value of ass	ed Char500. No fee, schedules, or e exemption, you must file applicable exemption of the exemption of th		
categories (DUAL filers) and additional attachments a schedules and attachments as schedules and attachments and attachments and attachments and attachments and attachments and attachments (DUAL filers) and attachments att	that apply to your registration, compre required. If you cannot claim an ants and pay applicable fees.  In a exemption: Total contributions of the organization did not ons during the fiscal year.  It is a contribution of the organization of the organization did not ons during the fiscal year.  It is a contribution of the organization of the org	plete only parts 1, 2, ar exemption or are a DU.  from NY State including t engage a professional d not exceed \$25,000 and the exceed \$25	and 3, and submit the certific AL filer that claims only one g residents, foundations, go I fund raiser (PFR) or fund n and the market value of ass ressional fund raiser, fund r	ed Char500. No fee, schedules, or e exemption, you must file applicable exemption of the exemption of th		
categories (DUAL filers) and additional attachments a schedules and attachments as schedules and attachments and attachments and attachments and attachments and attachments to complete your filing.	hat apply to your registration, comprehence required. If you cannot claim anouts and pay applicable fees.  In a exemption: Total contributions of the exemption of the organization did not the organization did not the fiscal year.  It is a likely exemption: Gross receipts did to the exemption of the fiscal year.  It is a likely exemption of the	plete only parts 1, 2, ar exemption or are a DU.  from NY State including t engage a professional d not exceed \$25,000 and the exceed \$25	and 3, and submit the certific AL filer that claims only one g residents, foundations, go I fund raiser (PFR) or fund n and the market value of ass ressional fund raiser, fund r	ed Char500. No fee, schedules, or e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit sets did not exceed \$25,000 at any time aising counsel or commercial co-venturer e 4a.		
categories (DUAL filers) to additional attachments a schedules and attachments a schedules and attachments and attachments and attachments to complete your filing.	hat apply to your registration, compre required. If you cannot claim an into and pay applicable fees.  In a exemption: Total contributions of the organization did not ons during the fiscal year.  It is a contribution of the organization of the or	plete only parts 1, 2, ar exemption or are a DU.  from NY State including tengage a professional dinot exceed \$25,000 are organization use a professional activity in NY State?	nd 3, and submit the certificated AL filer that claims only one of the presidents, foundations, go I fund raiser (PFR) or fund raiser (PFR) or fund raiser the market value of assets of the president of the pres	ed Char500. No fee, schedules, or e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit sets did not exceed \$25,000 at any time aising counsel or commercial co-venturer e 4a.  Implete Schedule 4b.  Make a single check or money order		
categories (DUAL filers) additional attachments a schedules and attachments a schedules and attachments a schedules and attachments a schedules and attachments and attachments to complete your filing.  5. Fee  See the checklist on the	hat apply to your registration, compre required. If you cannot claim an interest and pay applicable fees.  In a exemption: Total contributions of the organization did not ons during the fiscal year.  It is a contribution of the organization of th	plete only parts 1, 2, ar exemption or are a DU.  from NY State including tengage a professional dinot exceed \$25,000 are organization use a professional activity in NY State forganization receive government of the program of the p	and 3, and submit the certificant AL filer that claims only one of the presidents, foundations, go I fund raiser (PFR) or fund raiser (PFR) or fund raiser the market value of assertion of the president of the p	ed Char500. No fee, schedules, or e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit  sets did not exceed \$25,000 at any time  aising counsel or commercial co-venturer e 4a.  mplete Schedule 4b.  Make a single check or money order payable to:		
categories (DUAL filers) additional attachments a schedules and attachments a schedules and attachments a schedules and attachments a contribut.  3a. 7A filliexceed \$ contribut.  3b. EPTL during th.  4. Schedules and A See the following page for a checklist of schedules and attachments to complete your filling.  5. Fee  See the checklist on the next page to calculate your	hat apply to your registration, compre required. If you cannot claim an into and pay applicable fees.  In a exemption: Total contributions of the organization did not ons during the fiscal year.  It is a contribution of the organization of the or	plete only parts 1, 2, ar exemption or are a DU.  from NY State including tengage a professional dinot exceed \$25,000 are organization use a professional activity in NY State forganization receive government of the program of the p	nd 3, and submit the certificated AL filer that claims only one of the presidents, foundations, go I fund raiser (PFR) or fund raiser (PFR) or fund raiser the market value of assets of the president of the pres	ed Char500. No fee, schedules, or e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit sets did not exceed \$25,000 at any time aising counsel or commercial co-venturer e 4a.  Implete Schedule 4b.  Make a single check or money order		

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

The Exempt category released an organization and registration status. It does not release to its into tax 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)				
X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants				
Check the financial attachments you must submit with your CHAR500:				
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 Codisclosure and will not be available for public review.	intributors). Schedule B of public charities is exempt from			
Our organization was eligible for and filed an IRS 990-N e-postcard. Our reven filing year. We have included an IRS Form 990-EZ for state purposes only.	ue exceeded \$25,000 and/or our assets exceeded \$25,000 in the			
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public	c Accountant's Review or Audit Report:			
Review Report if you received total revenue and support greater than \$250,00	00 and up to \$750,000.			
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 supp	port is less than \$250,000			
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	required			
Calculate Your Fee				
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?			
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon			
To TA and BOAL mors, calculate the TA lee.	registration with the NY Charities Bureau:			
\$0, if you checked the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York			
\$25, if you did not check the 7A exemption in Part 3a	under Article 7-A of the Executive Law ("7A")			
	EDTI filers are registered under the Estates Dowers & Trusts			
For EPTL and DUAL filers, calculate the EPTL fee:	<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.			
\$0, if you checked the EPTL exemption in Part 3b	DITAL filers are registered under both 7A and EDTI			
\$25, if the NET WORTH is less than \$50,000	<b>DUAL</b> filers are registered under both 7A and EPTL.			
X \$50, if the NET WORTH is \$50,000 or more but less than \$250,000	<b>EXEMPT</b> filers have registered with the NY Charities Bureau			
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000	and meet conditions in Schedule E - Registration			
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	<u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports			
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	but may do so voluntarily.			
\$1500, if the NET WORTH is \$50,000,000 or more	•			
	Confirm your Registration Category and learn more about NY			
Cond Vous Cilina	law at www.CharitiesNYS.com.			
Send Your Filing	Where do I find my organization's NET WORTH?			
Send your CHAR500, all schedules and attachments, and total fee to:	NET WORTH for fee purposes is calculated on:			
	- IRS Form 990 Part I, line 22			
NYS Office of the Attorney General	- IRS Form 990 EZ Part I, line 21			
Charities Bureau Registration Section	- IRS Form 990 PF, calculate the difference between			
28 Liberty Street	Total Assets at Fair Market Value (Part II, line 16(c)) and			

Need Assistance?

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

068461 01-07-21 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

Total Liabilities (Part II, line 23(b)).

# **CHAR500**

Schedule 4b: Government Grants www.CharitiesNYS.com

# 2020

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	nt of Grant
1. NYS DEPARTMENT OF STATE	1.	22,527.
2. US FISH AND WILDLIFE SERVICE	2.	101,673.
3. LAKE CHAMPLAIN BASIN PROGRAM	3.	224,745.
4. OTHER GRANT INCOME	4.	66,500.
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:	415,445.

## EXTENDED TO NOVEMBER 15, 2021

**Return of Organization Exempt From Income Tax** 

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

Open to Public

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

ΑF	For the	2020 calendar year, or tax year beginning and	ending		
B	Check if applicable	C Name of organization		D Employer identifie	cation number
	Addres	AUSABLE RIVER ASSOCIATION, INC.			
	Name change	Doing business as		14-18097	64
	Initial 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-	
	ireturn/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	721,354.
	Amend			H(a) Is this a group re	
F	Applica tion				? Yes X No
	pendin	1181 HASELTON ROAD, WILMINGTON, NY 129	97	H(b) Are all subordinates in	
		empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) ( ) $\overline{}$ (insert no.) $\overline{}$ 4947(a)(1) of		1	list. See instructions
		e: AUSABLERIVER. ORG	JI JZ1	H(c) Group exemptio	
		organization: X Corporation	I Voor		State of legal domicile: NY
		Summary	L TEAT	or iorniation. ±555  N	1 State of legal dominione. IN I
	_	Briefly describe the organization's mission or most significant activities: THE	ATISABL	E RIVER ASSO	OCTATION
çe	' :	PROVIDES PUBLIC EDUCATION, SCIENTIFIC MON			
Governance	2	Check this box  if the organization discontinued its operations or dispose			
/eri	3			3	11
ģ	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
		Fotal number of individuals employed in calendar year 2020 (Part V, line 2a)			7
ties	6	Fotal number of volunteers (estimate if necessary)			35
Activities &	72.	Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
Ą	h	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	D	vet differenced business taxable fricome from 1 offit 990-1, 1 at 1, life 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		314,121.	658,862.
ine	9			31,331.	62,483.
Revenue	10	Program service revenue (Part VIII, line 2g)  nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		21.	9.
Be	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-4,873.
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		345,473.	716,481.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1			0.	0.
	45 6	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		247,963.	259,413.
ses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h ioa	Fotal fundraising expenses (Part IX, column (D), line 25)		•	•
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		120,284.	324,495.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		368,247.	583,908.
	1	Revenue less expenses. Subtract line 18 from line 12		-22,774.	132,573.
		nevertue less experises. Subtract line 10 front line 12		ginning of Current Year	End of Year
Assets or	20	Total assets (Part X, line 16)		128,381.	198,231.
ASSE Rais	21	Fotal liabilities (Part X, line 16)		93,277.	30,554.
Net/	-	Net assets or fund balances. Subtract line 21 from line 20		35,104.	167,677.
	art II	Signature Block		3371011	10170111
Und	er penal	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			into mougo una sonot, it is
iiuo	, 001100	A substitution of property (other than officer) to become an an information of the	non propuror	That any knowledge:	
Sig	n	Signature of officer		Date	
Her	- 1	KELLEY TUCKER, EXECUTIVE DIRECTOR			
	Ĭ	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	,	EDWARD KNAPP		if self-employ	
	parer	Firm's name BONADIO & CO., LLP	I		16-1131146
-	Only	Firm's address 6 WEMBLEY CT		THIII 3 LIIV	
	· · · · · ·	ALBANY, NY 12205		Phone no. (5	18) 464-4080
Max	the ID	S discuss this return with the preparer shown above? See instructions		Ti none no. ( 5	X Yes No
ivid	,	S GOOGO THE TOTAL WITH THE PROPERTY OF OWN ADDIVE: OCC HELICUOTION			103110

Page 2

# 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>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	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		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		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		Х
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

11280715 784124 AUS010001

	rollil aao (			110011000		
Part IV		Check	list of Re	equired Sch	edules	(continued

ı aı	Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	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	20		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_ <u>X</u> _
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
22	Schedule N, Part II	32		
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	33		
<b>5</b> 7		34		Х
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
~	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		X
032004	12-23-20	Form	990	2020

# Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			.,,
			<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6-		X
h	any contributions that were not tax deductible as charitable contributions?		6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?		6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and sen	vices provided to the payor?	7a		х
		noce provided to the payor:	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
_	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Followski and the organization f	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \textbf{Did a donor advised fund maintained}$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	1			
_	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:	440			
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	11a			
b	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		12a		
	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			
	District the second of the sec		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				7.5
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.		_	990	(0000)

AUSABLE RIVER ASSOCIATION, INC. 14-1809764 Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X 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 on Schedule O. 10 **b** Enter the number of voting members included on 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 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, 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? Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 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? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a 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 on Schedule O

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	and the second of the second o	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			

17	List the states with	which a copy of this	Form 990 is require	d to be filed	$\triangleright$ NY
----	----------------------	----------------------	---------------------	---------------	---------------------

RD.,

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

12997

	Own website	Another's website	X Upon reques	t Other (explain on Schedule (
--	-------------	-------------------	---------------	--------------------------------

19	Describe on 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

20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	KELLEY TUCKER - 518-637-6859	

WILMINGTON

Form **990** (2020)

1181 HASELTON

# 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.

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

Check this box if neither the organization (A)	(B)				pu		(D)	(E)	(F)	
Name and title	Average	Posit (do not check m			osition			Reportable	Reportable	Estimated
ivalle allu title	hours per							compensation	compensation	amount of
	week	officer and a direc						from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	steec	ruste			seusa		(W-2/1099-MISC)		organization
	organizations	ıal tru	onal t		ploye	luo a				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KELLEY TUCKER	35.00	=	드	Ó	¥	工品	3			
EXECUTIVE DIRECTOR	33,00	1		х				66,255.	0.	7,413.
(2) LARRY MASTER	0.00							11/2001		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DIRECTOR		Х				ľ		0.	0.	0.
(3) EVAN BOTTCHER	0.00									
DIRECTOR		Х						0.	0.	0.
(4) JOHN SCHULER	0.00									
DIRECTOR		Х						0.	0.	0.
(5) WALLLACE WALTERS	0.00									
SECRETARY		Х		X		<u> </u>		0.	0.	0.
(6) KENNETH BROWNELL	0.00	1							_	
VICE CHAIRMAN		Х		Х				0.	0.	0.
(7) JOHN BRAICO	0.00									
DIRECTOR		Х				_		0.	0.	0.
(8) ELIZABETH CLARKE	0.00									
CHAIRMAN	0.00	Х		Х		├		0.	0.	0.
(9) AUDREY HYSON	0.00	3,7							,	0
DIRECTOR (10) GUNDI TE GOVIN	0.00	Х				┝		0.	0.	0.
(10) CHARLIE COWAN TREASURER	0.00	Х		х				0.	0.	0.
(11) RICHARD CONNEY	0.00	Λ		^		$\vdash$		0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0.
		- 22				$\vdash$		1	0.	•
		1								
						$\vdash$				
		1								
		1								
						$oxed{oxed}$				
		1								
										000

032007 12-23-20 Form **990** (2020)

	(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck ss per	more rson i	than is both	n an	(D)  Reportable compensation from	(E) Reportable compensatio from related	n	l	(F) stimate nount o	
		(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	fr org an	pensat om the anizati d relate anizatio	e on ed
									<u> </u>					
									66 255		0.		7 1.	1 2
С	Subtotal  Total from continuation sheets to Part V  Total (add lines 1b and 1c)	II, Section A		,		Z			66,255. 0. 66,255.		0.		7,41 7,41	0.
2	Total number of individuals (including but a compensation from the organization			_				o re	· · · · · · · · · · · · · · · · · · ·	,000 of reportable			<u>, , 1.</u>	0
3	Did the organization list any <b>former</b> officer	, director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s	um of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3		X 
5	and related organizations greater than \$15  Did any person listed on line 1a receive or	accrue comper	sati	on fr	om	any	unre	elate	ed organization or indivi	dual for services		4		X
Sec 1	rendered to the organization? <i>If</i> "Yes." <i>contion B. Independent Contractors</i> Complete this table for your five highest continues.											5		X
	the organization. Report compensation for  (A)	•	•							•		(0		
	Name and business	address	NC	ONE	3				Description of s	services	С		nsation	1
2	Total number of independent contractors ( \$100,000 of compensation from the organ	•	ot lin	nited	d to	thos (	_	ted	above) who received m	ore than			990 (6	

Form **990** (2020)

Form 990 (2020) AUSABLE
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any lin	e in this Part VIII			
		<u> </u>	,	(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
	_						000110110 0 12 0 1 1
nts	1 8	a Federated campaigns1a					
ira ou	ŀ	b Membership dues 1b					
s, ( Am	(	c Fundraising events 1c	3,900.				
Sift lar	(	d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	•	e Government grants (contributions) 1e	415,445.				
ion r S	1	f All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	239,517.				
Öţţ		g Noncash contributions included in lines 1a-1f					
Son	ì	h Total. Add lines 1a-1f	<b>•</b>	658,862.			
<u> </u>			Business Code	·			
•	ο.	a MONITORING	110000	62,483.	62,483.		
/ice	2 0		110000	02/1031	02,1031		
er ne	'	b					
n S	(	c					
ıraı Re	(	d					
Program Service Revenue	•	e					
Δ		f All other program service revenue		50 100			
	9	g Total. Add lines 2a-2f		62,483.			
	3	Investment income (including dividends, interes	t, and				_
		other similar amounts)	<b>&gt;</b>	9.			9.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)	K				
		a Gross amount from sales of (i) Securities	(ii) Other				
	, ,		(ii) Other				
		assets other than inventory 7a					
•	ı	b Less: cost or other basis					
nue		and sales expenses					
)ve	(	c Gain or (loss)7c					
her Revenue		d Net gain or (loss)	<b></b>				
her	8 8	a Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	0.				
	ŀ	b Less: direct expenses 8b	4,873.				
	(	c Net income or (loss) from fundraising events		-4,873.			-4,873.
	9 a	a Gross income from gaming activities. See					
		Part IV, line 199a					
	ı	b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities	<b>•</b>				
		a Gross sales of inventory, less returns					
		and allowances 10a					
		c Net income or (loss) from sales of inventory	Dusiness Onda				
SI			Business Code				
eor re	11 a						
lan,	ı	b					
Miscellaneous Revenue	(	c					
Ais	(	d All other revenue					
_	•	e Total. Add lines 11a-11d	<b></b>				
	12	Total revenue. See instructions		716,481.	62,483.	0.	-4,864.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 73,669. 60,813. 8,833. 4,023. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 149,511. 123,422. 17,926. 8,163. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 36,233. 29,911. 4,344. 1,978. Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 6,680 6,680. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 5,508. 6,354 846. Advertising and promotion 12 5,649. 4,784. 865. Office expenses 13 8,474. 6,995. 1,016. 463. Information technology 14 15 Royalties 12,000. 9,906. 1,439 655. 16 Occupancy 9,746.10,331. 585. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 1,871. 1,871. Depreciation, depletion, and amortization 22 1,786. 1,786. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 155,093. 155,093. MATERIALS PAYMENTS TO SUBCONTRACT 87,614. 87,614.  $12, \overline{273}$ 12,273. MONITORING 4,716. 1,549. 1,448. 1,719. d MISCELLANEOUS 1,335. 11,654. 10,319. e All other expenses 583,908. 497,221. 66,640. 20,047. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2020)

rt X	Balance Sheet					
	Check if Schedule O contains a response or r	ote to any	line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			94,084.	1	131,934.
2	Savings and temporary cash investments			2		
3	Pledges and grants receivable, net				3	
4			22,112.	4	54,861.	
5	Loans and other receivables from any current	or former	officer, director,			
	trustee, key employee, creator or founder, sub	ostantial c	ntributor, or 35%			
	controlled entity or family member of any of the	nese perso	ns		5	
6	Loans and other receivables from other disqu	alified per	ons (as defined			
	under section 4958(f)(1)), and persons describ	ed in sect	on 4958(c)(3)(B)		6	
7	Notes and loans receivable, net			7		
8	Inventories for sale or use		8			
9	Prepaid expenses and deferred charges				9	
10a						
	basis. Complete Part VI of Schedule D		14,125.			
b	Less: accumulated depreciation	10b	3,189.	11,685.	10c	10,936.
11			11			
12	Investments - other securities. See Part IV, line		12			
13	Investments - program-related. See Part IV, lin		13			
14	Intangible assets		14			
15					15	500.
16						198,231.
17				26,604.		30,554.
18		66 682				
				66,673.		
					21	
22						
			· · · · · · · · · · · · · · · · · · ·			
			Г		24	
25						
		ies 17-24).	Complete Part X			
				02 277		30,554.
26		· · · ·	▶ ▼	33,411.	26	30,334.
		neck nere				
				35 104	07	167,677.
			Г	33,104.		107,077.
28					28	
	_	956, Che	k nere			
200	·	40			20	
32	- · · · · · · · · · · · · · · · · · · ·			35,104.	32	167,677.
1 32	TOTAL HEL ASSETS OF THIRD DAIMHES			JJ, 104.	ა∠	198,231.
	1 2 3 4 5 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Check if Schedule O contains a response or not contain a response or not cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, subt controlled entity or family member of any of the Loans and other receivables from other disquising under section 4958(f)(1)), and persons describer Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Inventories for sale or use Prepaid expenses and deferred charges Investments - publicly traded securities Investments - other securities. See Part IV, ling Investments - other securities. See Part IV, ling Investments - program-related. See Part IV, ling Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must expense) Grants payable and accrued expenses Escrow or custodial account liability. Complete Loans and other payables to any current or for trustee, key employee, creator or founder, subtractive, key employee, creator or founder, subtractive, and other liabilities not included on ling of Schedule D  Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cand complete lines 27, 28, 32, and 33. Net assets with donor restrictions Organizations that follow FASB ASC 958, cand complete lines 29 through 33. Capital stock or trust principal, or current functions Organizations that do not follow FASB ASC 958, cand complete lines 29 through 33. Capital stock or trust principal, or current functions Organizations that do not follow FASB ASC 958, cand complete lines 29 through 33. Capital stock or trust principal, or current functions Organizations that do not follow FASB ASC 958, cand complete lines 29 through 33.	Check if Schedule O contains a response or note to any  Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former or trustee, key employee, creator or founder, substantial concontrolled entity or family member of any of these persons and other receivables from other disqualified persunder section 4958(f)(1)), and persons described in section Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Linvestments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV or Security or family member of any of these persor Secured mortgages and notes payable to unrelated third payables to any current or former office trustee, key employee, creator or founder, substantial concontrolled entity or family member of any of these persor Secured mortgages and notes payable to unrelated third payaties, and other liabilities not included on lines 17-24), of Schedule D Total liabilities, including federal income tax, payables to parties, and other liabilities not included on lines 17-24), of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Pet assets without donor restrictions Organizations that donor restrictions Organizations that donor restrictions Organizations that donor restrictions Organizations that donor restrictions Paid-in or capital surplus, or land, building, or equipment and camplete lines 29 through 33.	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 Land, buildings, and equipment: see Part IV, line 11 Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 5 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here   7 Tayliabilities (including federal income tax, payables to related third parties, and complete lines 27, 28, 32, and 33.  Net assets with donor restrictions  O	Check if Schedule O contains a response or note to any line in this Part X  (A)  Beginning of year  1	Check if Schedule O contains a response or note to any line in this Part X    Cash - non-interest-bearing   94 , 0 84 .

Form **990** (2020)

Pa	T 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		6,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,9	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,5 5,1	
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4				
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	16	7,6	<u>77.</u>
Pa	t 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	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	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		X
	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				
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	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	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2020)

#### **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

**2020** 

Open to Public Inspection

**Employer identification number** Name of the organization AUSABLE RIVER ASSOCIATION, 14-1809764 INC. 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. 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) above (see instructions))

# 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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,						
					1		
6	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(a) 2010	(3) 2011	(0) 20 10	(4) 2010	(0) 2020	(1) 10141
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10	ata faaa baata att				40	
12	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for the	-		•			. □
Sec	organization, check this box and stop ction C. Computation of Publi						··········· <b>P</b>
	Public support percentage for 2020 (li			column (f))		14	%
	Public support percentage from 2019					15	<del>/</del> 6
	<b>33 1/3% support test - 2020.</b> If the co						
104	<b>stop here.</b> The organization qualifies						. —
h	33 1/3% support test - 2019. If the co		~				
	and <b>stop here.</b> The organization quali						
17^	10% -facts-and-circumstances test	•	• •			and line 14 is 10%	
17 a		-					•
	and if the organization meets the facts				•		<b>.</b> —
1-	meets the facts-and-circumstances te	-	•	*	-	170 and line 15 in	
a	10% -facts-and-circumstances test	_					10% Or
	more, and if the organization meets the				-		▶ □
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 1/a, or 17b	, check this box a	and see instructions	s

Schedule A (Form 990 or 990-EZ) 2020

## 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	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	219,246.	347,796.	294,668.	345,473.	716,481.	1923664.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	1 5	12	2.0	21	0	0.0
	organization's tax-exempt purpose	15.	13.	32.	21.	9.	90.
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	219,261.	347,809.	294,700.	345,494.	716,490.	1923754.
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	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						
8	Public support. (Subtract line 7c from line 6.)						1923754.
		( ) 0040	(1) 0047	( ) 2242	( 1) 0040	( ) 0000	(A T )
	endar year (or fiscal year beginning in)	(a) 2016 219, 261.	(b) 2017 347,809.	(c) 2018 294, 700.	(d) 2019 345, 494.	(e) 2020 716,490.	(f) Total 1923754.
	Amounts from line 6  Gross income from interest,	219,201.	347,003.	294,700.	343,434.	/10,490.	1943/34.
102	dividends, payments received on securities loans, rents, royalties, and income from similar sources	15.	13.	32.	21.	9.	90.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
,	Add lines 10a and 10b	15.	13.	32.	21.	9.	90.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	250	133	323	210	30	
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.)	219,276.	347,822.	294,732.	345,515.	716,499.	1923844.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	fourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
							<b>&gt;</b>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (li	ne 8, column (f), di	ivided by line 13, c	olumn (f))		15	100.00 %
16							
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	.00 %
18						18	.01 %
19a	a 33 1/3% support tests - 2020. If the						
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the						
•	line 18 is not more than 33 1/3%, che	· ·				·	▶□
20				•		•	<b>&gt;</b>

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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 line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
- Ga		
3b		
3c		
4-		
4a		
4h		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
46.		
10b		

Pa	TO IV   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 lines 11b and			
	11c below, the governing body of a supported organization?	11a	$\longmapsto$	<b>—</b>
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c	<u> </u>	
360	tion B. Type I Supporting Organizations			Na
4	Did the accoming hady members of the accoming hady officers acting in their official canacity or membership of one or		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			l
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			l
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			l
	supervised, or controlled the supporting organization.	2		
Sec	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		
Sec	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			l
	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			l
	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 line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)  The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ne)	
2	Activities Test. Answer lines 2a and 2b below.	struction	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			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	how the organization was responsive to those supported organizations, and how the organization determined			l
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			l
	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	$\Box$	
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" 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		

11280715 784124 AUS010001

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 ( explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co		·	
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	:	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-		<b>A</b>		
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
ее	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
<u>i</u>	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7:				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

## Schedule B

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

Department of the Treasury Internal Revenue Service

### **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

14-1809764

**2020** 

Name of the organization Employer identification number

AUSABLE RIVER ASSOCIATION

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

# 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	\$ <u>45,000.</u>	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	\$ 26,000.	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
3	NEW YORK STATE DEPARTMENT OF STATE  99 WASHINGTON AVENUE - SUITE 1010  ALBANY, NY 12231	\$ 22,527.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	US FISH AND WILDLIFE SERVICE  300 WESTGATE CENTER DRIVE  HADLEY, MA 01035	\$101,673 <b>.</b>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	LAKE CHAMPLAIN BASIN PROGRAM  54 WEST SHORE ROAD  GRAND ISLE, VT 05458	\$ 224,745.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CAROL AND EDMUND BLAKE FOUNDATION  335 MADISON AVE, SUITE 1100  NEW YORK, NY 10017	\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

# 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	SWEET HOUSEHOLD  516 MIRROR LAKE DRIVE PO BOX 310  LAKE PLACID, NY 12946	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ADIRONDACK MOUNTAIN RESERVE  137 AUSABLE CLUB ROAD  ST. HUBERTS, NY 12943	\$ 30,000.	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
9	DOOLITTLE HOUSEHOLD PO BOX 487 KEENE VALLEY , NY 12943	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	COOK AND BOOTH HOUSEHOLD  61 EASTERN PARKWAY, APARTMENT 1F  BROOKLYN , NY 12942	\$6,413.	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
11_	TOWN OF KEENE  PO BOX 89  KEENE, NY 12942	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-9		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# AUSABLE RIVER ASSOCIATION, INC.

14-1809764

		dditional 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. rom	(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. rom 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. 14-1809764 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 D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

AUSABLE RIVER ASSOCIATION, INC. **Employer identification number** 14-1809764

Part	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(h) Founda and "
_		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in v	_	
	are the organization's property, subject to the organization's		
	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Parl	impermissible private benefit?		
			Fart IV, line 7.
1	Purpose(s) of conservation easements held by the organization of land for public use (for example, recreation).	· · · · · · · · · · · · · · · · · · ·	of a historically important land area
	Protection of natural habitat	· —	of a certified historic structure
	Preservation of open space	Freservation c	or a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.	med conservation contribution in the form	Held at the End of the Tax Year
	<del>-</del>		
	Number of conservation easements on a certified historic stru	ucture included in (a)	
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
	Number of conservation easements modified, transferred, rel		
	year ▶	is a second seco	o organization danning the tark
	Number of states where property subject to conservation eas	sement is located >	
	Does the organization have a written policy regarding the per		-
	violations, and enforcement of the conservation easements it		
	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	nents that describes the
	organization's accounting for conservation easements.		
Part			ther Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iter	ns.
	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			<b>&gt;</b> \$
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		\$

Schedule D (Form 990) 2020

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

	t III Organizations Maintaining Co	ollections of Ar				r Other	Simila		(contin		age Z
									(COHUIT	<u>uea)</u>	
Ü	Jsing the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):										
а	Public exhibition	d		l oan or ove	hange progr	am					
	Scholarly research				nange progr						
b	Preservation for future generations	е	''	Other							
C				a £4la a 4la				aa ia Dauti	VIII		
4	Provide a description of the organization's col							se in Part	XIII.		
5	During the year, did the organization solicit or				•				٦.,		٦.,
Dar	to be sold to raise funds rather than to be maintain the sold to be maintained to be sold to raise funds rather than to be maintained to be sold to raise funds rather than to be maintained to be sold to raise funds rather than to be maintained to be sold to raise funds rather than to be maintained to be sold to raise funds rather than to be maintained to be sold to raise funds rather than to be maintained to be								Yes		No
rai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	organizatio	n answered	"Yes" on F	orm 990	), Part IV, I	ine 9, or		
_											
1a	Is the organization an agent, trustee, custodia								7.,		٦
_	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing ta	able:							
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	istodial acco	unt liabilit	y?	L	Yes		_ No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	rm 990, Par	IV, line 10	).				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back (	<b>d)</b> Three y	ears back	(e) Four	years	back
	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a)	) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment ▶9	<u></u>									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held ar	nd administe	red for the	organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	I "Yes" on Form 990	), Part IV	, line 11a. S	ee Form 990	), Part X, li	ne 10.				
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Book	valu	—— е
		basis (investr			(other)		reciation	I .	. , == 2.		
1a	Land										
	Buildings										
	Leasehold improvements										
	Fauipment										

Schedule D (Form 990) 2020

10,936.

e Other

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

3,189.

14,125.

Part VII Investments - Other Securities.	R ASSOCIATIO	ON, INC. 14	1-1809/64 Page 3
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			al af.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	<u>15.)</u>	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)	05.)	<b>.</b>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>&gt;</b>	1

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2020

	dule D (Form 990) 2020 AUSABLE RIVER ASSOCIATION		14-1809764	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		
			1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d			
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Par	t XII Reconciliation of Expenses per Audited Financial State		ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		1 1	
1	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 14		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
	- · · · · · · · · · · · · · · · · · · ·			
е	Add lines 2a through 2d		2e	
	Subtract line 2e from line 1			
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines <b>4a</b> and <b>4b</b>		4c	
5				
	t XIII Supplemental Information.		· · ·	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a		Part V, line 4; Part X, line 2; Part XI,	•

Schedule D (Form 990) 2020

#### **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.

Inspection

OMB No. 1545-0047

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

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.

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

Schedule O (Form 990 or 990-EZ) 2020