

Bonadio & Co., LLP Certified Public Accountants

JUNE 2, 2022

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

AUSABLE RIVER ASSOCIATION, INC.:

ENCLOSED IS THE ORGANIZATION'S 2021 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-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2022.

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

JUNE 2, 2022

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

AUSABLE RIVER ASSOCIATION, INC.:

WE HAVE PREPARED AND ENCLOSED YOUR 2021 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 \$125, 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-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2021, or fiscal year beginning	, 2021, and ending	, 20

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN AUSABLE RIVER ASSOCIATION, INC. 14-1809764 Name and title of officer or person subject to tax KELLEY TUCKER EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here _____ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b ____ 828,553. 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here ... > Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22) 3a b Tax based on investment income (Form 990-PF, Part V, line 5) Form 990-PF check here ... > 4a Form 8868 check here b Balance due (Form 8868, line 3c) 5a b Total tax (Form 990-T, Part III, line 4) Form 990-T check here 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 12345 X lauthorize BONADIO & CO., LLP to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 14227212205 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ► _GARY MEAL Date ▶ 06/02/22 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

102521 01-11-22

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

Form **8879-TE** (2021)

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

Α	For t	ne 20	021 calendar year, or tax year beginning	and	ending		
В	Check applica	f ble:	C Name of organization			D Employer identifi	cation number
	Add char	ress	AUSABLE RIVER ASSOCIATI	ON INC.			
	Nam Char	ne nge	Doing business as	21.0		14-18097	64
L	Initia retu Fina	'n	Number and street (or P.O. box if mail is not delined PO BOX 8	vered to street address)	Room/suite	E Telephone numbe 518-637-	
	⊥retu term ated	n/		71D (834,792.
	□Ame	nded	City or town, state or province, country, and 2 WILMINGTON, NY 12997	ZIP or foreign postal code		G Gross receipts \$ H(a) Is this a group re	
F	retu App tion	n lica-	F Name and address of principal officer: KELI	LEY TUCKER		for subordinates	
	tion pen	ding	1181 HASELTON ROAD, WILM		97	H(b) Are all subordinates in	=
$\overline{\mathbf{T}}$	Tax-e	xemi					list. See instructions
			► AUSABLERIVER.ORG	(moore no.) 10 17 (u)(1)	01 021	H(c) Group exemption	
				sociation Other >	L Year		M State of legal domicile: NY
	art I		ummary				
_	1	Bri	efly describe the organization's mission or most	significant activities: THE .	AUSABI	E RIVER ASS	OCIATION
Governance			ROVIDES PUBLIC EDUCATION,				
rna	2	Ch	eck this box 🕨 🔲 if the organization discor	tinued its operations or dispos	sed of more	e than 25% of its net as	sets.
ove	3	Nu	mber of voting members of the governing body (Part VI, line 1a)		3	12
Ğ	4		mber of independent voting members of the gov				11
es 2	5		al number of individuals employed in calendar ye				8
Activities &	6		al number of volunteers (estimate if necessary)				35
Act	7 8		al unrelated business revenue from Part VIII, col				0.
_	 '	Ne ⁻	t unrelated business taxable income from Form 9	990-T, Part I, line 11	T		0.
		_			7 -	Prior Year 658,862.	Current Year 781,805.
ne	8					62,483.	52,983.
Revenue	9			and 7d\		9.	32,963.
Be	10		estment income (Part VIII, column (A), lines 3, 4, ner revenue (Part VIII, column (A), lines 5, 6d, 8c,			-4,873.	-6,239.
	12		al revenue - add lines 8 through 11 (must equal I			716,481.	828,553.
_	13		ants and similar amounts paid (Part IX, column (A			0.	0.
	14		nefits paid to or for members (Part IX, column (A)			0.	0.
"	45		aries, other compensation, employee benefits (P			259,413.	336,227.
Expenses	16		ofessional fundraising fees (Part IX, column (A), lii			0.	0.
Der			al fundraising expenses (Part IX, column (D), line		62.		
й	17		ner expenses (Part IX, column (A), lines 11a-11d,			324,495.	253,834.
	18		al expenses. Add lines 13-17 (must equal Part IX			583,908.	590,061.
_	19	Re	venue less expenses. Subtract line 18 from line 1	2		132,573.	238,492.
Net Assets or	9				В	eginning of Current Year	End of Year
sets	20	Tot	al assets (Part X, line 16)			198,231.	423,934.
at As	21		al liabilities (Part X, line 26)			30,554.	17,765.
Ž	22		t assets or fund balances. Subtract line 21 from Signature Block	ine 20		167,677.	406,169.
	art I			Santa d'ann ann ann an dean an baile da la			of the standard and the Bart State
			s of perjury, I declare that I have examined this return, nd complete. Declaration of preparer (other than office				y knowledge and bellet, it is
true	, com	eci, a	nd complete. Declaration of preparer (other than officer) is based on all illiorniation of wi	nch prepare	Thas any knowledge.	
Si a			Signature of officer			I Date	
Sig He			· ·	E DIRECTOR			
110			Type or print name and title	<u> </u>			
		Pr		Preparer's signature	I	Date Check	PTIN
Pai	d			GARY MEAL	lo	06/02/22 if self-employ	p01401229
	- parer		m's name BONADIO & CO., LI			Firm's EIN ►	16-1131146
	Only		m's address 6 WEMBLEY CT				
		1	ALBANY, NY 12205			Phone no. (5	18) 464-4080
Ma	y the	IRS	discuss this return with the preparer shown above	re? See instructions			X Yes No

Par	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	
	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?	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?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$472,569 • including grants of \$) (Revenue \$52,98	<u>3.</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 OUR	
	WORK INTO THREE BROAD PROGRAM AREAS:	
	A) IDENTIFY AND UNDERSTAND WATERSHED RESOURCES -ASRA SUPPORTS AND	
	IMPLEMENTS SCIENCE, DATA COLLECTION, AND INFORMATION SHARING PROJECTS.	
	OUR GOAL IS TO UNDERSTAND AND DOCUMENT CURRENT PROBLEMS AND MEASURE TH	
	EFFECTIVENESS OF SOLUTIONS TO MANAGE, PROTECT, AND RESTORE THE AUSABLE	
	RIVER WATERSHED;	
	B) CONSERVE AND STEWARD WATERSHED RESOURCES- ASRA WORKS TO CREATE AN	
	ETHIC OF RIVER STEWARDSHIP - A SENSE OF COMMON PURPOSE AND SHARED GOAL	
	FOR PROTECTING THE RIVER AMONG PRIVATE LANDOWNERS, RESIDENTS, BUSINESS	1
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 472,569.	
	Form 990	(2021)

13120607 784124 AUS010001

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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 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	۰		
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	- ′-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			 ₩
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 14		<u></u>
	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	140		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	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		X

Page 4

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
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			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
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		X
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%	1		7,7
	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			х
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а		00-		х
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		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	
30	Did the organization receive more than \$25,000 in horizant continuations to prove schedule in the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23	21	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	0.		
0_	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		_	Yes	No
1a		7		
b	Enter the Hamber of Forms W 2d included on the Tax. Enter of the applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

132004 12-09-21

Form **990** (2021)

(gambling) winnings to prize winners?

AUSABLE RIVER ASSOCIATION, INC.

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

			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 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		х
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7a		Х
a b	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? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
·	to file Form 8282?	7с		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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	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?	10-		
		12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ŭ	Note: See the instructions for additional information the organization must report on Schedule O.	iou		
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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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 the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

AUSABLE RIVER ASSOCIATION, INC. 14-1809764 Form 990 (2021) 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 12 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. 11 **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 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 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 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? 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? 10a 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 on 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 on 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 on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY

18	Section 6104 requires an organization to make its Forms 1023 (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)

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.

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

1181 HASELTON RD., WILMINGTON, NY 12997

Form **990** (2021)

13120607 784124 AUS010001

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)	(0						(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar	ia a a	irecto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or di	e e			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	rustee	trust		99	n pen		1099-NEC)	1099-NEC)	organization and related
	below	dual t	tiona	١.	nploy	st cor	_	1033 1420)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KELLEY TUCKER	35.00	_	T-			- 0				
EXECUTIVE DIRECTOR				Х				72,302.	0.	5,921.
(2) LARRY MASTER	0.00									
DIRECTOR		Х						0.	0.	0.
(3) EVAN BOTTCHER	0.00									
DIRECTOR		Х	L					0.	0.	0.
(4) JOHN SCHULER	0.00	1								_
DIRECTOR		X						0.	0.	0.
(5) WALLLACE WALTERS	0.00									
CHAIR		X		X				0.	0.	0.
(6) KENNETH BROWNELL	0.00								•	
DIRECTOR	0.00	X		-				0.	0.	0.
(7) JOHN BRAICO	0.00	.,							0	
(8) ELIZABETH CLARKE	0.00	X						0.	0.	0.
VICE CHAIRMAN	0.00	X		х				0.	0.	0.
(9) AUDREY HYSON	0.00	Λ		^				0.	0.	0.
SECRETARY	0.00	Х		Х				0.	0.	0.
(10) CHARLIE COWAN	0.00							•	•	· •
TREASURER		Х		х				0.	0.	0.
(11) RICHARD CONNEY	0.00								•	•
DIRECTOR		Х						0.	0.	0.
(12) CHRISTIAN BRAMMER	0.00									
DIRECTOR		Х						0.	0.	0.
		1								
		<u> </u>			_					
		-								
										- 990 (2224)

Form 990 (2021)

Form	990 (2021) AUSABLE F	RIVER AS	SSC	CI	АТ	ΊO	N,	I	INC.	14-18	809'	764	Р	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(((D)	(E)			(F)	
	Name and title	Average hours per		not c	Posi heck r	more	than o		Reportable	Reportable			stimate	
		week			ss per nd a di				compensation from	compensation from related		ar	nount other	ot
		(list any	tor						the	organization		com	ipensa	ition
		hours for	r direc				pa		organization	(W-2/1099-MIS			om th	
		related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
		organizations below	nal tru	onal t		ployee	comp		1099-NEC)				d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
		,	<u>=</u>	=	0	¥	工业	ш						
											>			
1b	Subtotal			<u> </u>				•	72,302.		0.		5,9	21.
С	Total from continuation sheets to Part VI								0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)			<u>. A.</u>				$\overline{\triangleright}$	72,302.		0.		5,9	21.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	9			^
	compensation from the organization		4	4	\leftarrow	4	_						Yes	0 No
2	Did the organization list any former officer,	director truct	00 1	(0)((mnl	21/2	0 0	hio	hoot componented omp	lovos on	1		162	NO
3	line 1a? If "Yes," complete Schedule J for si				-	-		-	•	•		3		х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150								•	-		4		Х
5	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes," com	plete Schedule	J fo	or su	ıch r	oers	on					5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest control the organization. Report compensation for the organization for the compensation for t										pensat	ion fr	om	
	(A)								(B)			(0		
	Name and business	address	NC	ONE	3			_	Description of s	services		ompe	nsatio	n
2	Total number of independent contractors (in \$100,000 of compensation from the organization)	•	ot lin	nited	d to t	thos (_	ted	above) who received me	ore than				
	- 15,000 of componential from the organiz											Form	990 (2021)

132008 12-09-21

AUSABLE RIVER ASSOCIATION, INC. 14-1809764 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a Contributions, Gifts, Grants and Other Similar Amounts 1b **b** Membership dues c Fundraising events 19,769. 1c d Related organizations 1d 270,890. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 491,146. similar amounts not included above ... 1f 165,000. g Noncash contributions included in lines 1a-1f 781,805. h Total. Add lines 1a-1f **Business Code** 52,983 52,983. 110000 2 a MONITORING Program Service f All other program service revenue 52,983. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) _______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$19,769. ofcontributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses -6,239. -6,239. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** d All other revenue

828,553.

e Total. Add lines 11a-11d

12 Total revenue. See instructions

52,983.

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**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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, 64,572. 9,379. 78,222. 4,271. 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) 217,644. 179,665. 26,096. 11,883. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 40,361. 33,318. 4,839. 2,204. Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 8,005. 8,005. 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.) 9,474. 9,309. 165. Advertising and promotion 12 4,676. 4,284. 392. Office expenses 13 7,832. 6,465. 939. 428. Information technology 14 15 Royalties 12,000. 9,906. 1,439. 655. 16 Occupancy 11,240. 10,758. 482. 17 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 2,817. 2,817. Depreciation, depletion, and amortization 22 2,511. 2,511. 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.) 127,114. $\overline{127}, 114.$ SUBCONTRACTORS MATERIALS 18,413. 18,413. 17,443. 17,443. MONITORING 13,518. 13,518. PROFESSIONAL DEVELOPMEN 4.915. 12,012.18,791. 1,864 e All other expenses 472,569. 95,630. 590,061. 21,862. 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)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			131,934.	1	200,555.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			54,861.	4	42,531.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs		A			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	1 221
⋖	9				0.	9	1,231.
	10a	Land, buildings, and equipment: cost or other		105 105			
		basis. Complete Part VI of Schedule D	10a	185,125.	10,026		150 115
	b	Less: accumulated depreciation		6,008.	10,936.	10c	179,117.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	500.	14	500.		
	15	Other assets. See Part IV, line 11	198,231.	15	423,934.		
	16	Total assets. Add lines 1 through 15 (must equ			30,554.	16	17,765.
	17	Accounts payable and accrued expenses			30,334.	17	17,703.
	18	Grants payable				18 19	
	19 20	Deferred revenue				20	
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or form				21	
Liabilities		trustee, key employee, creator or founder, subs					
Ē		controlled entity or family member of any of the				22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			30,554.	26	17,765.
		Organizations that follow FASB ASC 958, che	ck her	e ▶ X			
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			167,677.	27	406,169.
Ba	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB ASC 9					
Ę		and complete lines 29 through 33.					
ō Ō	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			44- 4	31	100 100
Se	32	Total net assets or fund balances			167,677.	32	406,169.
	33	Total liabilities and net assets/fund balances			198,231.	33	423,934. Form 990 (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>53.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>61.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>92.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	7,6	<u>77.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	40	<u>6,1</u>	<u>69.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
				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 on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	$oxed{oxed}$
	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	•			
	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	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		<u> </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	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization AUSABLE RIVER ASSOCIATION, INC. 14-1809764 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sect	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 (Gifts, grants, contributions, and						
	membership fees received. (Do not						
i	nclude any "unusual grants.")						
2	Tax revenues levied for the organ-						
i	zation's benefit and either paid to						
(or expended on its behalf						
3	The value of services or facilities						
1	furnished by a governmental unit to						
1	the organization without charge						
4	Total. Add lines 1 through 3					,	
5	The portion of total contributions					7	
-	by each person (other than a						
(governmental unit or publicly						
;	supported organization) included						
(on line 1 that exceeds 2% of the						
	amount shown on line 11,						
(column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶ ┃	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
(dividends, payments received on						
;	securities loans, rents, royalties,						
i	and income from similar sources						
9	Net income from unrelated business						
i	activities, whether or not the						
1	business is regularly carried on						
10	Other income. Do not include gain						
(or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Public	c Support Per	centage				
	Public support percentage for 2021 (li			* * * * * * * * * * * * * * * * * * * *		14	<u>%</u>
	Public support percentage from 2020					15	<u>%</u>
16a :	33 1/3% support test - 2021. If the o	rganization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies a		-				
	33 1/3% support test - 2020. If the o				line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	 2021. If the org 	anization did not c	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts			=	="	VI how the organiz	ation
	meets the facts-and-circumstances tes	•			•		
	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th				-		
	organization meets the facts-and-circu		-	•	• • •		.
18 I	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	· >

Schedule A (Form 990) 2021

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	elow, please comp	iete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 2017	(6) 2010	(0) 2010	(4) 2020	(0) 2021	(i) rotai
•	membership fees received. (Do not						
	include any "unusual grants.")	347,796.	294,668.	345,473.	716.481.	828,549.	2532967.
2	Gross receipts from admissions,	317,7300	23270000	313 / 173 0	720,72021	020,0150	2332337
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the	13.	32.	21.	9.	4.	79.
2	organization's tax-exempt purpose Gross receipts from activities that	13.	52.	21.	J.	7.	75.
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	245 222	004 500	245 404	F16 400	000 550	0500046
	Total. Add lines 1 through 5	347,809.	294,700.	345,494.	716,490.	828,553.	2533046.
7a	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.)						2533046.
Sec	ction B. Total Support				T		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	347,809.	294,700.	345,494.	716,490.	828,553.	2533046.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources	13.	32.	21.	9.	4.	79.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	13.	32.	21.	9.	4.	79.
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	347,822.	294,732.	345,515.	716,499.	828,557.	2533125.
14	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (li	ine 8, column (f), d	ivided by line 13, c	olumn (f))			<u>100.00 %</u>
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	100.00 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	121 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2021. If the					3 1/3%, and line 17	is not
	more than 33 1/3%, check this box ar						▶ X
b	33 1/3% support tests - 2020. If the	-	-	•			nd
	line 18 is not more than 33 1/3%, che						>
20	Private foundation. If the organizatio		-			-	▶ □

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
L	1		
L	2		
L	3a		
	3b		
	3c		
	4a		
	4b		
	4-		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
L	7		
	8		
	9a		
	9b		
	0.		
	9с		
	10-		
	10a		
	10h		
	10b		

Par	τιν	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	below, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	il in Part VI.	11c		
Sect	tion	B. Type I Supporting Organizations			
				Yes	No
1	Did tl	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		etors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) etively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	-	ported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did tl	he organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(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,			
	supe	rvised, or controlled the supporting organization.	2		
Sect	tion	C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	anagement of the supporting organization was vested in the same persons that controlled or managed			
	the s	upported organization(s).	1		
Sect	tion	D. All Type III Supporting Organizations			
				Yes	No
1	Did tl	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
	orgar	nization'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			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	orgar	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	incor	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Cool		ported organizations played in this regard.	3		
Seci		E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
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	Δ otiv	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		Na
2		vities Test. Answer lines 2a and 2b below.		Yes	No
а		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		the organization was responsive to those supported organizations, and now the organization determined these activities constituted substantially all of its activities.	2a		
b		these activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
~		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt 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 trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must of		·			
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				
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
	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				
e	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	anization (see		
	inchwications)	-				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

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

INC.

OMB No. 1545-0047

2021

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AUSABLE RIVER ASSOCIATION

Employer identification number

14-1809764

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

AUSABLE RIVER ASSOCIATION, INC.

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	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CLOUDSPLITTER FOUNDATION PO BOX 1357 SARANAC LAKE, NY 12983	\$ 15,000.	Person X Payroll 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	\$ 8,639.	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	\$ 19,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	LAKE CHAMPLAIN BASIN PROGRAM 54 WEST SHORE ROAD GRAND ISLE, VT 05458	\$ 242,951.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CAROL AND EDMUND BLAKE FOUNDATION 286 MADISON AVE, SUITE 2002 NEW YORK, NY 10017	\$11,000.	Person X Payroll

Name of organization

Employer identification number

AUSABLE RIVER ASSOCIATION, INC.

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	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
8	EDMUNDS 453 HAZEN ROAD AU SABLE FORKS, NY 12912	\$ 5,000.	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	PEOPLE'S UNITED BANK 850 MAIN ST. BRIDGEPORT, CT 06604	\$ 7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JOHANSON LIVING TRUST 50 SPRINGWOOD MNR TROY, NY 12180	\$ 20,000.	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
11_	CRAIG J HADDEN 367 SUGARTOWN RD WAYNE, PA 19087	\$ <u>26,024.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	HOULIHAN FAMILY 3703 IVERNESS DRIVE	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for
123452 11-1	CHEVY CHASE, MD 20815		noncash contributions.) Schedule B (Form 990) (2021)

Name of organization

Employer identification number

AUSABLE RIVER ASSOCIATION, INC.

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
13	BALDWIN FOUNDATION PO BOX 278 WOOLWICH, ME 04579	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	PATAGONIA 259 W. SANTA CLARA ST. VENUTRA, CA 93001	\$ 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>	CRAIG J HADDEN 367 SUGARTOWN RD WAYNE, PA 19087	\$ 150,000 .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	VILLAGE OF LAKE PLACID 2693 MAIN ST LAKE PLACID , NY 12946	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	LEAF GRANT, LAKE PLACID VISITORS BUREAU 2608 MAIN ST LAKE PLACID , NY 12946	\$16,378.	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
18_	ADIRONDACK FOUNDATION 304 BEAR CUB RD LAKE PLACE, NY 12946	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

AUSABLE RIVER ASSOCIATION, INC.

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
19	NANCY ADAMS SWEET 516 MIRROR LAKE DRIVE, PO BOX 310 LAKE PLACE, NY 12946	\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	HOLDERIED FAMILY FUND PO BOX 441 LAKE PLACE, NY 12946	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

AUSABLE RIVER ASSOCIATION, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
11	STOCK	\$\$	12/02/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
15	LAND	\$	11/09/21		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$	Cabadada D (Faura 2001/2004)		

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 Inspection

Name of the organization

AUSABLE RIVER ASSOCIATION, INC.

Employer identification number 14-1809764

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes on Form 550, Farriv, inte	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(c) John dansa land	(b) cando and other decounts
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 ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		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 eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing cons	servation easements during the year
_	• ————————————————————————————————————		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	tion easements during the year
	▶ \$	a action the requirements of action 170/	b)/4//D)/i)
8			
9	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 footnets.		
	organization's accounting for conservation easements.	ote to the organization's illiancial stateme	ents that describes the
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	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:	·	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical trea		I gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		

132051 10-28-21

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

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		165,000.		165,000.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		20,125.	6,008.	14,117.
Total. Add lines 1a through 1e. (Column (d) must equa	179,117.			

Schedule D (Form 990) 2021

	ER ASSOCIATION	N, INC.	14-1809764 Page 3
Part VII Investments - Other Securities.	on Farm 000 Part IV line of	Idla Oca Farra 000 Bart V line 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line 1	(c) Method of valuation: Cost o	r end of year market value
	(b) Book value	(c) Method of Valuation. Cost of	end-or-year market value
(4) (4)			
(2) Closely held equity interests			
(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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u> 15.)</u>		. ▶
Complete if the organization answered "Yes"	on Form 900 Part IV line 1	I 1 a or 11f Soo Form 000 Part V lin	25
() D () () () () () ()	on Form 990, Fart IV, line	The or Th. See Form 990, Part A, IIII	(b) Book value
1. (a) Description of liability (1) Federal income taxes			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		•

Schedule D (Form 990) 2021

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

Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
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	5			
С				
d		0.1		
е		•	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		4	
а		4a		
b				
С	Add lines 4a and 4b	<u> </u>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Exper	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
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				
С				
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	rt XIII Supplemental Information.			
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines 1b and 2b;	Part V, line 4; Part X, line 2; Part X	(I,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional information.		

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization					Employer identification number			
AUSABLE RIVER ASSOCIATION, INC.						14-1809764		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
Indicate whether the organization rais a	eed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity		(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total			•					
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is	exempt from re	gistration	

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

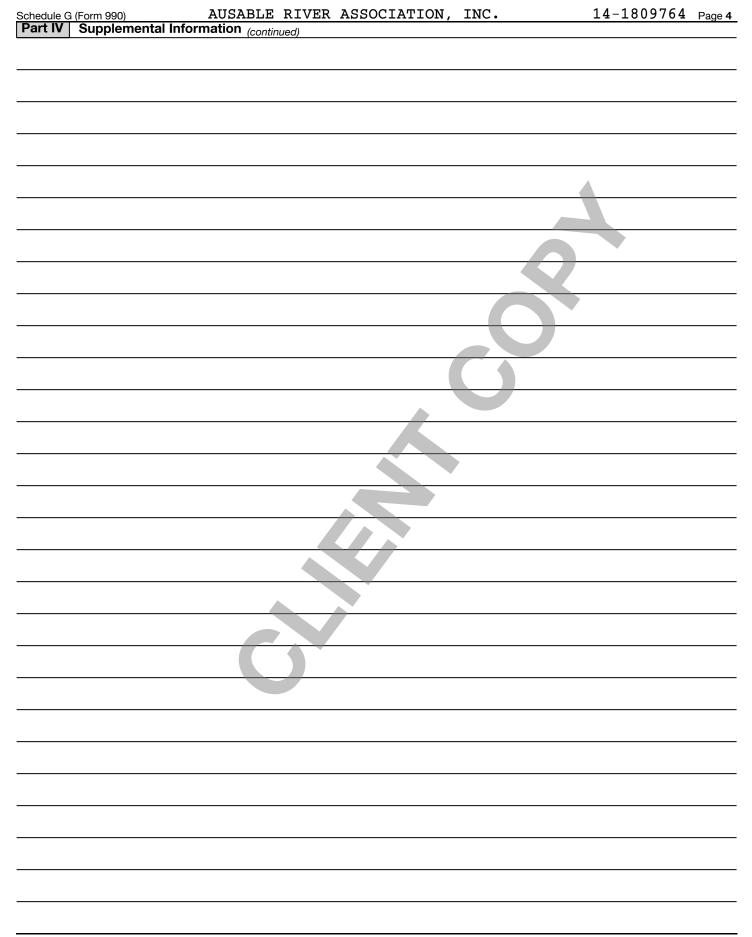
Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines i and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				FILM	NONE	` '
				FESTIVAL & O	-10-1-	(add col. (a) through
					(total number)	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue						
ě	1	Gross receipts	16,990.	2,779.		19,769.
ď						
	2	Less: Contributions	16,990.	2,779.		19,769.
			,	,		
	3	Gross income (line 1 minus line 2)				
		Gross medine (inte i minus inte 2)				
		Cook prizes				
	4	Cash prizes				
	5	Noncash prizes				
ses						
ë	6	Rent/facility costs				
Direct Expenses						
귱	7	Food and beverages				
ire						
	Q	Entertainment				
	9	Other direct expenses	6,239.			6,239.
						6,239.
	10	Direct expense summary. Add lines 4 through				6 220
Da		Net income summary. Subtract line 10 from li				-6,239.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Ž			(a) Billigo	bingo/progressive bingo	(9) Sanor garming	col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				
	2	Cash prizes				
ses	_	Cuo., p. 200				
ë	3	Nanagah prizos				
Expenses	3	Noncash prizes				
ct						
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
						<u>. </u>
a	Fnt	ter the state(s) in which the organization condu	cts gaming activities.			
		the organization licensed to conduct gaming ac	_			Yes No
						res NO
b	IT "	No," explain:				
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·			Yes No
b	If "	Yes," explain:				
	_					

132082 10-21-21 Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021 AUSABLE RIVER ASSOCIATION, INC. 14-	1809764	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
40			
	Indicate the percentage of gaming activity conducted in:	امدا	0.4
	The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\\$		
c	If "Yes," enter name and address of the third party:		
·	The 100, office flathe and address of the time party.		
	Nama N		
	Name		
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
a		Yes	☐ No
	retain the state gaming license?	163	
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D -	organization's own exempt activities during the tax year > \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		



SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

OMB No. 1545-0047

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

14-1809764 AUSABLE RIVER ASSOCIATION, INC. Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Х 3,350. FAIR MARKET VALE Boats and planes 7 Intellectual property 8 Securities - Publicly traded Х 26,024. FAIR MARKET VALUE 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 165,000. APPRAISAL Х Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 25 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement _____29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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Schedule M (Form 990) 2021

132142 11-17-21

Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

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Schedule O (Form 990) 2021



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

2021

Open to Public Inspection

1. General Information

1. deficial information						
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2021 and Ending (mm/dd/yyyy) 12/31/2021						
Check if Applicable: Address Change	Name of Organization: AUSABLE RIVER	ASSOCIATION, 1	INC.	Employer Identification Number (EIN): 14-1809764		
Name Change Initial Filing	Mailing Address: PO BOX 8			NY Registration Number: 06-54-23		
Final Filing	City / State / ZIP:			Telephone:		
Amended Filing	WILMINGTON, NY	12997		518 637-6859		
Reg ID Pending	Website:			Email:		
	AUSABLERIVER.O	RG		SARAH@AUSABLERIVER.		
Check your organization's registration category:	S 7A only EPTL	only X DUAL (7A &		Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com .		
2. Certification						
See instructions for certif two signatories.	ication requirements. Imprope	r certification is a violation of	of law that may be subject	to penalties. The certification requires		
We certify under n	penalties of periury that we revi	ewed this report including	all attachments, and to the	best of our knowledge and belief,		
	e true, correct and complete in					
			KELLEY TUC	KER		
President or Authorized	Officer:		EXECUTIVE :	DIRECTOR		
	Signature			e and Title Date		
			CHARLES CO	WAN		
Chief Financial Officer or			TREASURER	a and Title Date		
	Signature		Print Nam	e and Title Date		
3. Annual Reporting	Exemption					
Check the exemption(s) to	hat apply to your filing. If your	organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both		
categories (DUAL filers) th	nat apply to your registration,	complete only parts 1, 2, ar	nd 3, and submit the certific	ed Char500. No fee, schedules, or		
additional attachments ar	e required. If you cannot clain	n an exemption or are a DU	AL filer that claims only on	e exemption, you must file applicable		
schedules and attachmer	nts and pay applicable fees.					
				overnment agencies, etc. did not raising counsel (FRC) to solicit		
	ons during the fiscal year.	a not engage a professiona	riana raisor (i i ri) or iana	raising coanser (Free) to senoit		
3b. EPTL	filing exemption: Gross receip	ts did not exceed \$25,000 a	and the market value of ass	sets did not exceed \$25,000 at any time		
	fiscal year.					
4. Schedules and A	ttachments					
See the following page						
for a checklist of				raising counsel or commercial co-venturer		
schedules and	for fund	raising activity in NY State?	r it yes, complete Schedule	e 4a.		
1	attachments to complete your filing. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.					
Somplete your ming.						
5. Fee						
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or manay and a		
next page to calculate yo	ur			Make a single check or money order payable to:		
fee(s). Indicate fee(s) you		400	Φ 405	"Department of Law"		
are submitting here:	\$ <u>25.</u>	\$ <u>100.</u>	\$ <u>125.</u>			

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

168451 01-10-22 1019

^{*}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 Rais	sers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	A
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of C disclosure and will not be available for public review.	Contributors). Schedule B of public charities is exempt from
Our organization was eligible for and filed an IRS 990-N e-postcard. Our reversiling year. We have included an IRS Form 990-EZ for state purposes only.	enue 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 Put X Review Report if you received total revenue and support greater than \$250, Audit Report if you received total revenue and support greater than \$1,000, If the fiscal year begins before that date, an Audit Report is required if total No Review Report or Audit Report is required because total revenue and su We are a DUAL filer and checked box 3a, no Review Report or Audit Report	,000 and up to \$1,000,000 ,000 and the fiscal year begins on or after July 1, 2021. revenue and support is greater than \$750,000 upport is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL 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 \$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 X \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.charitiesNYS.com .
Send Your Filing	
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21

Need Assistance?

28 Liberty Street

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

Charities Bureau Registration Section

168461 01-10-22 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

Page 2

- IRS Form 990 PF, calculate the difference between

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

Total Assets at Fair Market Value (Part II, line 16(c)) and

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2021

Open to Public Inspection

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

1. Organization Information

Name of Organization:		NY Registration Number:
AUSABLE RIVER ASSOCIATION,	INC.	06-54-23

2. Government Grants

Name of Government Agency		Amount of Grant
1. NYS DEPARTMENT OF STATE	1.	8,639.
2. US FISH AND WILDLIFE SERVICE	2.	19,300.
3. LAKE CHAMPLAIN BASIN PROGRAM	3.	242,951.
4.	4.	
5.	5.	
6.	6.	
7.	7.	
8.	8.	
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13.	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total:	270,890.

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No. 1545-0047

A For the 2021 calendar year, or tax year beginning and ending							
В	Check applica	f ble:	C Name of organization			D Employer identifi	cation number
Addr		ress	AUSABLE RIVER ASSOCIATI				
	Nam Char	ne nge	Doing business as	21.0		14-18097	64
L	Initia retu Fina	'n	Number and street (or P.O. box if mail is not delined PO BOX 8	vered to street address)	Room/suite	E Telephone numbe 518-637-	
	⊥retu term ated	n/		71D (834,792.
	□Ame	nded				G Gross receipts \$ H(a) Is this a group re	
F	retu App tion	n lica-	F Name and address of principal officer: KELI	LEY TUCKER		for subordinates	
	tion pen	ding	ng laaa				ncluded? Yes No
$\overline{\mathbf{T}}$	Tax-e	xemi					list. See instructions
			► AUSABLERIVER.ORG	(moore no.) 10 17 (a)(1)	01 021	H(c) Group exemption	
				sociation Other ►	L Year		M State of legal domicile: NY
	art I		ummary				
_	1	Bri	efly describe the organization's mission or most	significant activities: THE .	AUSABI	E RIVER ASS	OCIATION
Governance			ROVIDES PUBLIC EDUCATION,				
rna	2	Ch	eck this box 🕨 🔲 if the organization discor	tinued its operations or dispos	sed of more	e than 25% of its net as	sets.
ove	3	Nu	mber of voting members of the governing body (Part VI, line 1a)		3	12
Ğ	4		mber of independent voting members of the gov				11
es 2	5		al number of individuals employed in calendar ye				8
Activities &	6		al number of volunteers (estimate if necessary)				35
Act	7 8		al unrelated business revenue from Part VIII, col				0.
_	 '	Ne ⁻	t unrelated business taxable income from Form 9	990-T, Part I, line 11	T		0.
		_			7 -	Prior Year 658,862.	Current Year 781,805.
ne	8					62,483.	52,983.
Revenue	9			and 7d\		9.	32,963.
Be	10		estment income (Part VIII, column (A), lines 3, 4, ner revenue (Part VIII, column (A), lines 5, 6d, 8c,			-4,873.	-6,239.
	12		al revenue - add lines 8 through 11 (must equal I			716,481.	828,553.
_	13		ants and similar amounts paid (Part IX, column (A			0.	0.
	14		nefits paid to or for members (Part IX, column (A)			0.	0.
"	45		aries, other compensation, employee benefits (P			259,413.	336,227.
Expenses	16		ofessional fundraising fees (Part IX, column (A), lii			0.	0.
Der			al fundraising expenses (Part IX, column (D), line		62.		
й	17		ner expenses (Part IX, column (A), lines 11a-11d,			324,495.	253,834.
	18		al expenses. Add lines 13-17 (must equal Part IX			583,908.	590,061.
_	19	Re	venue less expenses. Subtract line 18 from line 1	2		132,573.	238,492.
Net Assets or	9				В	eginning of Current Year	End of Year
sets	20	Tot	al assets (Part X, line 16)			198,231.	423,934.
at As	21		al liabilities (Part X, line 26)			30,554.	17,765.
Ž	22		t assets or fund balances. Subtract line 21 from Signature Block	ine 20		167,677.	406,169.
	art I			Santa d'ann ann ann an dean an baile da la			of the standard and the Bart State
			s of perjury, I declare that I have examined this return, nd complete. Declaration of preparer (other than office				y knowledge and bellet, it is
true	, com	eci, a	nd complete. Declaration of preparer (other than officer) is based on all illiorniation of wi	nch prepare	Thas any knowledge.	
Sign Here			Signature of officer			I Date	
			· ·	E DIRECTOR			
110			Type or print name and title	<u> </u>			
		Pr		Preparer's signature	I	Date Check	PTIN
Pai	d			GARY MEAL	lo	06/02/22 if self-employ	p01401229
	- parer		m's name BONADIO & CO., LI			Firm's EIN ►	16-1131146
	Only	· · ·					
							18) 464-4080
Ma	y the	IRS	discuss this return with the preparer shown above	re? See instructions			X Yes No

Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
	Briefly describe the organization's mission:	
	THE AUSABLE RIVER ASSOCIATION PROVIDES PUBLIC EDUCATION, SCIENTIFIC	
	MONITORING AND STREAM RESTORATION SERVICES TO IMPROVE THE HEALTH AND	
	RESILIENCE OF THE AUSABLE RIVER FOR THE BENEFIT OF ECOSYSTEMS AND THE	
	AUSABLE WATERSHED COMMUNITIES OF ESSEX AND CLINTON COUNTIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	∐ No
	If "Yes," describe these new services on Schedule O.	_
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<u>V</u> No
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
	(Code:) (Expenses \$ 472,569. including grants of \$) (Revenue \$ 52,98	<u> </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 OUR	<u> </u>
	WORK INTO THREE BROAD PROGRAM AREAS:	
	A) IDENTIFY AND UNDERSTAND WATERSHED RESOURCES -ASRA SUPPORTS AND	
	IMPLEMENTS SCIENCE, DATA COLLECTION, AND INFORMATION SHARING PROJECTS.	
	OUR GOAL IS TO UNDERSTAND AND DOCUMENT CURRENT PROBLEMS AND MEASURE THE	
	EFFECTIVENESS OF SOLUTIONS TO MANAGE, PROTECT, AND RESTORE THE AUSABLE	
	RIVER WATERSHED;	
	B) CONSERVE AND STEWARD WATERSHED RESOURCES - ASRA WORKS TO CREATE AND SHAPED COAL	
	ETHIC OF RIVER STEWARDSHIP - A SENSE OF COMMON PURPOSE AND SHARED GOAL FOR PROTECTING THE RIVER AMONG PRIVATE LANDOWNERS, RESIDENTS, BUSINESS	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 472,569.	

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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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 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	۰		
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	- ′-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			 ₩
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 14		<u></u>
	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	140		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_ v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
	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		X

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AUSABLE RIVER ASSOCIATION, INC. 14-1809764 Page 4 Form 990 (2021) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 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 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a 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 25a 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 Х 25b 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% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 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 Х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х 28c "Yes," complete Schedule L, Part IV Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes." complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х *_____* 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 7 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

132004 12-09-21

(gambling) winnings to prize winners?

AUSABLE RIVER ASSOCIATION, INC.

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

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	_		37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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 authority over, a	4-		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		1
b	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
	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		
	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44-		v
	0 717	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	10		<u> </u>
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.	.5		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		L
	If "Yes," complete Form 6069.			

AUSABLE RIVER ASSOCIATION, INC. 14-1809764 Form 990 (2021) 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 No Yes 12 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. 11 **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 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 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 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 on 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 on 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$ Section 6104 requires an organization to make its Forms 1023 (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. Another's website X Upon request Own website Other (explain on Schedule O)

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.

12997

NY

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

Form **990** (2021)

1181 HASELTON RD., WILMINGTON,

<u> Page</u> **7**

Form 990 (2021) 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n		orga	niza			nper	sate	ed any current officer, d			
(A)	(B)			_ (0	C)			(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos heck	itior more	ነ than e	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pei	rson i	is both or/trus	n an tee)	compensation	compensation	amount of	
	week (list any	-	5			Π	,	from the	from related organizations	other compensation	
	hours for	direct				Ļ		organization	(W-2/1099-MISC/	from the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) KELLEY TUCKER	35.00	lud	sul	#0	, Ke	E E	-Fo				
EXECUTIVE DIRECTOR	33.00	1		x				72,302.	0.	5,921.	
(2) LARRY MASTER	0.00							72/3021		3,321	
DIRECTOR		Х						0.	0.	0.	
(3) EVAN BOTTCHER	0.00										
DIRECTOR		Х						0.	0.	0.	
(4) JOHN SCHULER	0.00								_	_	
DIRECTOR		X						0.	0.	0.	
(5) WALLLACE WALTERS	0.00									•	
CHAIR	0.00	X		Х		_		0.	0.	0.	
(6) KENNETH BROWNELL	0.00	7,							_	0	
(7) JOHN BRAICO	0.00	X		-				0.	0.	0.	
DIRECTOR	0.00	x						0.	0.	0.	
(8) ELIZABETH CLARKE	0.00					\vdash		· ·	•	•	
VICE CHAIRMAN		х		x				0.	0.	0.	
(9) AUDREY HYSON	0.00										
SECRETARY		Х		Х				0.	0.	0.	
(10) CHARLIE COWAN	0.00	1							_	_	
TREASURER		Х		Х		_		0.	0.	0.	
(11) RICHARD CONNEY	0.00									•	
DIRECTOR	0.00	Х						0.	0.	0.	
(12) CHRISTIAN BRAMMER	0.00							0.	0.	0	
DIRECTOR		Х				\vdash		0.	0.	0.	
		1									
						\vdash					
		1									
						_					
		-									
						-					
		1									
	1	l		Ь	l	I	L	L	l	5 000 (2224)	

Form 990 (2021) 132007 12-09-21

	orm 990 (2021) AUSABLE RIVER ASSOCIATION, INC. 14-1809764 Page 8													
Par	Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		,				
	(A) Name and title	(B) Average hours per week	box	Position (do not check more than or box, unless person is both officer and a director/truste		Position neck more than one sperson is both an director/trustee) d a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount other		
		(list any hours for related organizations below	Individual trustee or director	In stitutio nal tru stee		key employee	Highest compensated employee	1	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	3	com fr org and	pensa om the anizat d relate anizatie	e ion ed
		line)	Individ	Institu	Officer	Key en	Highe emplo	Former						
										4				
			•					?						
			•						TO 200		0			0.1
	Subtotal Table from a setting about to Bort VI								72,302.		0.	5,921.		
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	i, Section A							72,302.		0.	5,921.		
2	Total number of individuals (including but n compensation from the organization				_	ove) wh	o re		000 of reportable				0
	compensation from the organization			ď	$\overline{\nabla}$	7							Yes	No
3	Did the organization list any former officer,				-	-		-	•	•				
	line 1a? If "Yes," complete Schedule J for s	A. Carrier										3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or			•										
	rendered to the organization? If "Yes," com		~									5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										ensat	ion fro	mc	
	the organization. Report compensation for (A)	•				itri C	or wi	LITIII	(B)			(0		
	Name and business	address	NC	ONE	<u> </u>				Description of s	services		ompe	nsatio	n
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organizati	•	ot lin	nited	d to t	thos C		ted	above) who received me	ore than				
												Eorm	990 (2021)

Form **990** (2021)

Form 990 (2021) AUSABLE
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to anv lin	e in this Part VIII			
		·	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
					function revenue	business revenue	sections 512 - 514
yy	1:	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
20.5		Fundraising events 1c	19,769.				
Ţţ,		•	10,1000				
ig ig		•	270,890.				
ns,			210,030.				
e ë	1	All other contributions, gifts, grants, and	101 116				
혈퐢			<u>491,146.</u>				
E S	ç	Noncash contributions included in lines 1a-1f 1g \$	<u>165,000.</u>		4		
<u>8</u> 0	ŀ	Total. Add lines 1a-1f		781,805.			
			Business Code				
ė	2 8	MONITORING	110000	52,983.	52,983.		
Program Service Revenue	k	·					
Se	(
age age							
ğά	•						
Pr	f	All other program service revenue					
		Total. Add lines 2a-2f		52,983.			
$\overline{}$	3	Investment income (including dividends, interes		32,733			
	Ü	other similar amounts)		4.			4.
	4	Income from investment of tax-exempt bond pi		7.			<u></u>
	4						
	5	Royalties(i) Real	(ii) Personal				
	_		(II) Personal				
		Gross rents6a					
	k	Less: rental expenses 6b					
	(Rental income or (loss) 6c					
	•	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
ē		and sales expenses					
ē		Gain or (loss) 7c					
ě		Net gain or (loss)					
her Revenue		Gross income from fundraising events (not					
퉏		including \$19,769. of					
Ĭ		contributions reported on line 1c). See					
		Part IV, line 188a	0.				
		,	6,239.				
			0,233.	-6,239.			-6,239.
		Net income or (loss) from fundraising events	······	-0,239.			-0,239.
	9 8	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold10b					
	(Net income or (loss) from sales of inventory	>				
,,			Business Code				
ous.	11 a	L					
E a	k						
elle eve	(
Miscellaneous Revenue	(All other revenue					
Σ	•	Total. Add lines 11a-11d	>				
	12	Total revenue. See instructions		828,553.	52,983.	0.	-6,235.
132009				, , , , , ,	, , , , , , , , , , , , , , , , , , , ,		Form 990 (2021)

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**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 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, 9,379. 78,222. 64,572. 4,271. 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) 217,644. 179,665. 26,096. 11,883. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 40,361. 33,318. 4,839. 2,204. Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal 8,005. 8,005. 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.) 9,474. 9,309. 165. Advertising and promotion 12 4,676. 4,284. 392. Office expenses 13 7,832. 6,465. 939. 428. Information technology 14 15 Royalties 12,000. 9,906. 1,439. 655. 16 Occupancy 11,240. 10,758. 482. 17 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 2,817. 2,817. Depreciation, depletion, and amortization 22 2,511. 2,511. 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.) 127,114. $\overline{127}, 114.$ SUBCONTRACTORS MATERIALS 18,413. 18,413. 17,443. 17,443. MONITORING 13,518. 13,518. PROFESSIONAL DEVELOPMEN 12,012.18,791. 4.915. 1,864. e All other expenses 472,569. 95,630. 590,061. 21,862. 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** (2021)

Form 990 (2021)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			131,934.	1	200,555.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	54,861.	4	42,531.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqui	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B) L		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				0.	9	1,231.
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	185,125.			
	b	Less: accumulated depreciation	. 10b	6,008.	10,936.	10c	179,117.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		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	qual line 3	33)	198,231.		423,934.
	17	Accounts payable and accrued expenses			30,554.	17	17,765.
	18	Grants payable				18	
	19	Deferred revenue		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					
Ě		trustee, key employee, creator or founder, suk					
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unre				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	es 17-24)	Complete Part X			
		of Schedule D			30,554.	25	17,765.
	26	Total liabilities. Add lines 17 through 25		▶ ▼	30,334.	26	17,705.
ဟ္		Organizations that follow FASB ASC 958, c	neck ner				
nce	07	and complete lines 27, 28, 32, and 33.	7		167,677.	07	406,169.
ala	27				107,077.	27 28	400,109.
В В	28	Net assets with donor restrictions Organizations that do not follow FASB ASC				20	
Ë			956, 0116	ck nere			
Net Assets or Fund Balances	20	and complete lines 29 through 33. Capital stock or trust principal, or current fund	10	1		29	
əts	29	Paid-in or capital surplus, or land, building, or				30	
\ss(30	Retained earnings, endowment, accumulated				31	
et 🗚	31				167,677.	32	406,169.
ž		Total net assets or fund balances Total liabilities and net assets/fund balances			198,231.	33	423,934.
	33	rotal liabilities and het assets/fund balances			170,231.	აა	1 123,334.

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>8,5</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>61.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>92.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	7,6	<u>77.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	40	6,1	69.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	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 Sing	gle Audit			
	Act and OMB Circular A-133?	•	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)
					,

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization AUSABLE RIVER ASSOCIATION, INC. 14-1809764 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

1 Gifts, grants, co	I year beginning in)	(a) 2017	(b) 2018	(-) 2010	/ I) 0000		
, •			(6) 2010	(c) 2019	(d) 2020	(e) 2021	(f) Total
membership fee	ntributions, and						
	es received. (Do not						
include any "un	usual grants.")						
2 Tax revenues le	vied for the organ-						
ization's benefit	and either paid to						
or expended on	its behalf						
3 The value of ser	vices or facilities						
furnished by a g	overnmental unit to						
the organization	without charge						
4 Total. Add lines	1 through 3						
5 The portion of t	otal contributions					7	
by each person							
governmental u							
-	nization) included						
	ceeds 2% of the						
amount shown	on line 11,						
column (f)							
6 Public support	Subtract line 5 from line 4.						
Section B. Tota						'	
Calendar year (or fisca	l year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from I	ine 4						
8 Gross income fi	om interest,						
dividends, payn	nents received on						
	, rents, royalties,						
	n similar sources						
9 Net income from	n unrelated business						
activities, wheth	ner or not the						
business is regu							
10 Other income. [•						
or loss from the		4					
assets (Explain	in Part VI.)						
11 Total support.	Add lines 7 through 10						
12 Gross receipts	rom related activities, e	tc. (see instruction	ons)		•	12	
	the Form 990 is for the			fourth, or fifth tax	year as a section 5	601(c)(3)	
	eck this box and stop						
	putation of Public						
14 Public support	percentage for 2021 (lin	e 6, column (f), d	ivided by line 11, o	column (f))		14	%
15 Public support	percentage from 2020 S	Schedule A, Part	II, line 14			15	%
	rt test - 2021. If the or					ore, check this bo	x and
stop here. The	organization qualifies a	s a publicly supp	orted organization				▶□
	rt test - 2020. If the or						
and stop here.	The organization qualifi	es as a publicly s	supported organiza	ation			>
	l-circumstances test -						
and if the organ	ization meets the facts-	and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
meets the facts	and-circumstances tes	. The organization	n qualifies as a pu	blicly supported o	rganization		▶□
b 10% -facts-and	l-circumstances test -	2020. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
more, and if the	organization meets the	facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the	
	ata tha faata and airaur	netaneoe toet. Th	e organization gua	alifies as a nublicly	supported organi	zation	
organization me	ets the facts-and-circur	iistances test. II	io organization que	annes de la publiciy	supported organi		

Schedule A (Form 990) 2021

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.)

Sed	etion A. Public Support	ciow, picade comp	note i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	347,796.	294,668.	345,473.	716,481.	828,549.	2532967.
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	13.	32.	21.	9.	4.	79.
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	347,809.	294,700.	345,494.	716,490.	828,553.	2533046.
	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.
8 Sec	Public support. (Subtract line 7c from line 6.)						2533046.
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	347,809.	294,700.	345,494.	716,490.	828,553.	2533046.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13.	32.	21.	9.	4.	79.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	13.	32.	21.	9.	4.	79.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	347,822.	294,732.	345,515.	716,499.	828,557.	2533125.
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						>
	ction C. Computation of Publi						100 00
	Public support percentage for 2021 (li		•	olumn (f))			100.00 %
	Public support percentage from 2020					16	100.00 %
	ction D. Computation of Inves			10 1 (0)		4=	00 %
	Investment income percentage for 20	•	_ ``` *			17	.00 %
	Investment income percentage from 2			on line 14, and line		18	% is not
198	33 1/3% support tests - 2021. If the						► V
b	more than 33 1/3%, check this box are 33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
00	line 18 is not more than 33 1/3%, chec		•	· ·		-	
ZU	Private foundation. If the organization	n dia not check a l	oox on line 14-19a	a, or ISD, check th	is dox and see ins	TUCTIONS	■

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
30		
3с		
- 55		
4a		
4b		
4 -		
4c		
5a		
5b		
5c		
6		
-		
7		
8		
9a		
9b		
90		
9с		
10a		
10b		
ıla Δ (Fo	rm 990)	2021

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion l	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		he organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	super	rvised, or controlled the supporting organization.	2		
Sect	ion (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 tru	istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	upported organization(s).	1		
Sect	ion l	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization'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			
	organ	nization'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			
	organ	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Soot	suppo	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
	Chec	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).	•		
a	\vdash	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	L	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see insities Test. Answer lines 2a and 2b below.	struction	yes	No
2		substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	No
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	2a		
		these activities constituted substantially all of its activities. The activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Lu		
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		he 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.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	<u>Orga</u>	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 (explain in	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	inization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

e Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

INC.

OMB No. 1545-0047

2021

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AUSABLE RIVER ASSOCIATION

Employer identification number

14-1809764

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

AUSABLE RIVER ASSOCIATION, INC.

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	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CLOUDSPLITTER FOUNDATION PO BOX 1357 SARANAC LAKE, NY 12983	\$	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	\$ 8,639.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	US FISH AND WILDLIFE SERVICE 300 WESTGATE CENTER DRIVE HADLEY, MA 01035	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	LAKE CHAMPLAIN BASIN PROGRAM 54 WEST SHORE ROAD GRAND ISLE, VT 05458	\$ <u>242,951.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CAROL AND EDMUND BLAKE FOUNDATION 286 MADISON AVE, SUITE 2002 NEW YORK, NY 10017	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

AUSABLE RIVER ASSOCIATION, INC.

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	DOOLITTLE HOUSEHOLD		Person X Payroll
	PO BOX 487 KEENE VALLEY, NY 12943	\$ 5,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	EDMUNDS		Person X
	453 HAZEN ROAD	\$5,000.	Payroll Noncash
	AU SABLE FORKS, NY 12912		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	PEOPLE'S UNITED BANK		Person X
	850 MAIN ST.	\$7,000.	Payroll Noncash
	BRIDGEPORT, CT 06604		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JOHANSON LIVING TRUST		Person X
	50 SPRINGWOOD MNR	\$	Payroll Noncash
	TROY, NY 12180		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	CRAIG J HADDEN		Person
	367 SUGARTOWN RD	\$26,024.	Payroll X
	WAYNE, PA 19087		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	HOULIHAN FAMILY		Person X
	3703 IVERNESS DRIVE	\$\$	Payroll Noncash
123452 11-11	CHEVY CHASE, MD 20815		(Complete Part II for noncash contributions.)

AUSABLE RIVER ASSOCIATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	1005704
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BALDWIN FOUNDATION PO BOX 278 WOOLWICH, ME 04579	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	PATAGONIA 259 W. SANTA CLARA ST. VENUTRA, CA 93001	\$	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
15_	CRAIG J HADDEN 367 SUGARTOWN RD WAYNE, PA 19087	\$ <u>150,000</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	VILLAGE OF LAKE PLACID 2693 MAIN ST LAKE PLACID , NY 12946	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	LEAF GRANT, LAKE PLACID VISITORS BUREAU 2608 MAIN ST LAKE PLACID , NY 12946	\$16,378.	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
18	ADIRONDACK FOUNDATION 304 BEAR CUB RD	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-1	LAKE PLACE, NY 12946		Schedule B (Form 990) (2021)

AUSABLE RIVER ASSOCIATION, INC.

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
19	NANCY ADAMS SWEET 516 MIRROR LAKE DRIVE, PO BOX 310 LAKE PLACE, NY 12946	\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	HOLDERIED FAMILY FUND PO BOX 441 LAKE PLACE, NY 12946	\$ 5,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

AUSABLE RIVER ASSOCIATION, INC.

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11_	STOCK	\$	12/02/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
15	LAND	\$\$	11/09/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-11		\$	Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 4 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 (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21 Schedule B (Form 990) (2021)

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 Inspection

Name of the organization

AUSABLE RIVER ASSOCIATION, INC.

Employer identification number 14-1809764

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes on Form 550, Farriv, inte	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Delies delieses serves	(b) cando and other decounts
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 ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		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 eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing cons	servation easements during the year
_	• ————————————————————————————————————		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva-	tion easements during the year
	▶ \$	a action the requirements of acction 170/	b)/4//D)/i)
8			
9	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 footnets.		
	organization's accounting for conservation easements.	ote to the organization's illiancial stateme	ents that describes the
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	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:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical trea		I gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		

Schedule D (Form 990) 2021

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

		AUGARI B	DIVID AGGOG	TAMION	TNG	1 4 1	000764 - 0
	dule D	O (Form 990) 2021 AUSABLE Organizations Maintaining Co	RIVER ASSOC				L809764 Page 2
3		g the organization's acquisition, accession					
	_	ction items (check all that apply):	,	,	· ·	•	
а		Public exhibition	d [Loan or exc	hange program		
b		Scholarly research	e [Other			
С		Preservation for future generations					
4	Provi	de a description of the organization's co	llections and explain ho	ow they further th	ne organization's e	xempt purpose in Pa	art XIII.
5		ig the year, did the organization solicit or					
	to be	sold to raise funds rather than to be ma	intained as part of the	organization's co	llection?		Yes No
Pa	rt IV	Escrow and Custodial Arrang					V, line 9, or
		reported an amount on Form 990, Part		· ·			
1a	Is the	e organization an agent, trustee, custodia	an or other intermediary	for contribution	s or other assets n	ot included	
	on Fo	orm 990, Part X?					Yes No
b		es," explain the arrangement in Part XIII a					
							Amount
С	Begir	nning balance				1c	
		tions during the year					
		butions during the year					
f		ng balance					
2a		he organization include an amount on Fo					Yes No
b	If "Ye	es," explain the arrangement in Part XIII.					
Pa	rt V	Endowment Funds. Complete if	the organization answ	ered "Yes" on Fo	rm 990, Part IV, lir		
			(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years ba	ck (e) Four years back
1a	Begir	nning of year balance					
b	Conti	ributions					
С	Net ir	nvestment earnings, gains, and losses					
d	Grant	ts or scholarships					
е	Othe	r expenditures for facilities					
		programs			*		
f	Admi	nistrative expenses					
g	End o	of year balance					
2	Provi	de the estimated percentage of the curre	ent year end balance (li	ne 1g, column (a))) held as:		
а	Board	d designated or quasi-endowment 🕨 _	9/	6			
b		anent endowment	%				
С	Term	endowment >9	6				
		percentages on lines 2a, 2b, and 2c shou					
3а	Are th	here endowment funds not in the posses	ssion of the organization	n that are held ar	nd administered fo	r the organization	[v] v
	by:						Yes No
		Inrelated organizations					
		Related organizations					
		es" on line 3a(ii), are the related organizat					3b
4 Dai	Desc rt VI	ribe in Part XIII the intended uses of the		ent funds.			
ral	LVI	Land, Buildings, and Equipme Complete if the organization answered		art IV lina 11a C	oo Form OOO Dod	V line 10	
					Í	,	(-I) D I
		Description of property	(a) Cost or othe basis (investment		or other (c (other)	c) Accumulated depreciation	(d) Book value
10	Land		Dasis (IIIVestillel	·	5,000.	acpi colation	165,000.
10	Lanu		1	1 10	~ / ~ ~ ~ .		

	· · · · · · · · · · · · · · · · · · ·	<u>'</u>	<i>,</i> ,	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		165,000.		165,000.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		20,125.	6,008.	14,117.
Total. Add lines 1a through 1e. (Column (d) must equa	ol Form 990 Part X colur	nn (R) line 10c)	•	179,117.

Schedule D (Form 990) 2021

	ER ASSOCIATIO	N, INC.	14-1809/64 Page 3
Part VII Investments - Other Securities.	F 000 B+ N/ E	14b Oct Faura 000 Back V Page 10	
Complete if the organization answered "Yes"	1	T	and of voor market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-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"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> 15.)</u>		<u> </u>
Part X Other Liabilities.	on Farm 000 Boot IV line	11:: 11f Coo Forms 000 Doct V line	. 05
Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line	(b) Book value
"			(b) Book value
(1) Federal income taxes			
(2)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		•

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) 2021

Par	t XI	Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue	e per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ted services and use of facilities	2b		
С	Recov	veries of prior year grants	2c		
d		(Describe in Part XIII.)			
е		nes 2a through 2d		2e	
3	Subtr	act line 2e from line 1		3	
4		ints included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	rt XII	Reconciliation of Expenses per Audited Financial Stateme	nts With Expens	ses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total	expenses and losses per audited financial statements		1	
2		ints included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ted services and use of facilities	2a		
b	Prior	year adjustments	2b		
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3	Subtr	act line 2e from line 1		3	
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С		nes 4a and 4b			
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)		5	
		Supplemental Information.			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I		art V, line 4; Part X, line 2; Part X	,
lines	2d and	4 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional information.		

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	ternal Revenue Service					Inspection	
Name of the organization	Name of the organization AUSABLE RIVER ASSOCIATION, INC. Employer identification number 14-1809764						
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not							
	complete this part						
		ed funds through any of the follo					
a Mail solicitat					overnment grants		
b Internet and c Phone solici	email solicitations		citation of cial fundra		nment grants		
d In-person so		g Spe	Jiai iui iui e	lisii ig	events		
•		r oral agreement with any individ	ual (includ	ing of	fficers, directors, trust	ees, or	,
key employees list	ed in Form 990, Pa	art VII) or entity in connection with	n professi	onal f	undraising services?		Yes No
		iduals or entities (fundraisers) pu	rsuant to	agree	ments under which the	e fundraiser is to) be
compensated at le	east \$5,000 by the	organization.					
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	(v) Amount parto (or retained by fundraiser listed in col. (i	to (or retained by)
			Yes	No			
Total				_			
	ich the organization	n is registered or licensed to solid	it contrib	utions	or has been notified i	t is exempt fron	 า registration
or licensing.							

132081 10-21-21

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Schedule G (Form 990) 2021

14-1809764 Page 2 Schedule G (Form 990) 2021 AUSABLE RIVER ASSOCIATION, INC. Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total accepts
				FILM	NONE	(d) Total events
			CANOE RAFFLE		-10-1-	(add col. (a) through
					(total number)	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue						
ě	1	Gross receipts	16,990.	2,779.		19,769.
ш						
	2	Less: Contributions	16,990.	2,779.		19,769.
	3	Gross income (line 1 minus line 2)				
	_	Greed income (into 1 minus into 2)				
		Cook prizes				
	4	Cash prizes				
	5	Noncash prizes				
ses						
en	6	Rent/facility costs				
X						
ಕ್ಷ	7	Food and beverages				
Direct Expenses						
_	8	Entertainment				
	9	Other direct expenses	6,239.			6,239.
	10	Direct expense summary. Add lines 4 through				6,239.
		, ,	. ,			-6,239.
Pa	11 irt l					0,233.
			answered res on Form	1990, Part IV, line 19, or i	eported more than	
		\$15,000 on Form 990-EZ, line 6a.		(LAD Hall Content		1,57,1,
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billgo/progressive billgo		coi. (a) trirough coi. (c))
ě						
	1	Gross revenue				
S	2	Cash prizes				
Expenses						
be	3	Noncash prizes				
ŭ						
Direct E	4	Rent/facility costs				
₫						
	_	Other direct expenses				
	_	Other direct experiess	Yes %	Yes %	Yes %	
		Valuate en leh en				
	6	Volunteer labor	No	No	No	
	_				_	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No
		No," explain:				
		· ·				
10-	\\\\	ere any of the organization's gaming licenses re	woked suspended or to	rminated during the tax s	vear?	Yes No
			· · · · · · · · · · · · · · · · · · ·		our:	163 NO
i.	11	Yes," explain:				

Schedule G (Form 990) 2021 132082 10-21-21

Sch	ledule G (Form 990) 2021 AUSABLE RIVER ASSOCIATION, INC. 14-1	1809764	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
40		103	140
	Indicate the percentage of gaming activity conducted in:	1 1	
	The organization's facility	13a	%
k	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶ _		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
	If "Yes," enter name and address of the third party:		
	Nama N		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	daming manager compensation \$\sigma \frac{1}{2} =		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	·		
č	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	· L Yes	∟ No
k	a Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 💲		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

10-21-21 Schedule G (Form 990) 2021

Schedule G (Form 990) AUSABLE RIVER ASSOCIATION, INC.	14-1809764	Page 4
Schedule G (Form 990) AUSABLE RIVER ASSOCIATION, INC. Part IV Supplemental Information (continued)		
	▼	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization AUSABLE RIVER ASSOCIATION, INC. Employer identification number 14-1809764

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes	Х	1	3,350.	FAIR MARKET	VALE	
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock	X	1	26,024.	FAIR MARKET	VALUE	£
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other	X	1	165,000.	APPRAISAL		
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()	<u></u>					
26	Other ()	_					
27	Other ()						
28	Other (
29	Number of Forms 8283 received by the organiz		•				
	for which the organization completed Form 828	33, Part V, L	onee Acknowledg	ement 29			Τ
20-	During the coopy did the appropriation receive by			antari in Dant I. linaa dathuu		Yes	No No
зua	During the year, did the organization receive by						
	must hold for at least three years from the date					20-	Х
	exempt purposes for the entire holding period?					30a	$+^{\Delta}$
	If "Yes," describe the arrangement in Part II.	olicy that so	auires the review o	of any nonetandard contribut	tions?	24	х
31	Does the organization have a gift acceptance p Does the organization hire or use third parties or					31	$+^{\Lambda}$
o∠d	contributions?			· ·		32a	X
b	If "Yes," describe in Part II.					524	+
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	cked.		
	describe in Part II.	(5) 701	-,,				

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

Schedule M (Form 990) 2021

132142 11-17-21

Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 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) 2021