

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor calendar year 2022, or fiscal year beginning 7/01, 2022, and ending 6/30, 202023**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2022**

Name of filer

MT. ASHLAND ASSOCIATION

EIN or SSN

93-1090285

Name and title of officer or person subject to tax

MARY SMELCER PRESIDENT**Part I Type of Return and Return Information**

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.

<b>1a</b> Form 990 check here . . . . .	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b>	<u>4,076,934.</u>
<b>2a</b> Form 990-EZ check here . . . . .	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) . . . . .	<b>2b</b>	
<b>3a</b> Form 1120-POL check here . . . . .	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) . . . . .	<b>3b</b>	
<b>4a</b> Form 990-PF check here . . . . .	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) . . . . .	<b>4b</b>	
<b>5a</b> Form 8868 check here . . . . .	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) . . . . .	<b>5b</b>	
<b>6a</b> Form 990-T check here . . . . .	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) . . . . .	<b>6b</b>	
<b>7a</b> Form 4720 check here . . . . .	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) . . . . .	<b>7b</b>	
<b>8a</b> Form 5227 check here . . . . .	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) . . . . .	<b>8b</b>	
<b>9a</b> Form 5330 check here . . . . .	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) . . . . .	<b>9b</b>	
<b>10a</b> Form 8038-CP check here . . . . .	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) . . . . .	<b>10b</b>	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_, and that I have examined a copy of the 2022 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 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**

☒ I authorize RICHARD W. BREWSTER, CPA, PC to enter my PIN 30195 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 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 2022 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

Date

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

93355400149

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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

RICHARD W. BREWSTER, CPA

Date

**ERO Must Retain This Form – See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

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

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

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

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

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.		Taxpayer identification number (TIN)
	MT. ASHLAND ASSOCIATION		93-1090285
	Number, street, and room or suite number. If a P.O. box, see instructions. P.O. BOX 220		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ASHLAND, OR 97520-0008		

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ► MT. ASHLAND P.O. BOX 220 ASHLAND OR 97520

Telephone No. ► (541) 482-2897 Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ..... ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ..... ► ☐. If it is for part of the group, check this box ... ► ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 5/15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 \_\_\_\_ or  
 ► ☒ tax year beginning 7/01, 20 22, and ending 6/30, 20 23.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit .....	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....	<b>3c</b>	\$	0.

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

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2022)

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**2022**Department of the Treasury  
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public Inspection****A** For the 2022 calendar year, or tax year beginning 7/01, 2022, and ending 6/30, 2023**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C**  
MT. ASHLAND ASSOCIATION  
P.O. BOX 220  
ASHLAND, OR 97520-0008**D** Employer identification number

93-1090285

**E** Telephone number

(541) 482-2897

**G** Gross receipts \$ 4,413,008.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No  
**H(b)** Are all subordinates included? ☐ Yes ☐ No  
If "No," attach a list. See instructions.**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.MTASHLAND.COM**H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **L** Year of formation: 1992 **M** State of legal domicile: OR**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: IS TO PROVIDE AND PROMOTE A HEALTHY QUALITY EXPERIENCE IN AN ALPINE ENVIRONMENT WHILE REMAINING A VALUED COMMUNITY RESOURCE THAT PROVIDES RECREATIONAL, EDUCATIONAL, AND ECONOMIC OPPORTUNITIES FOR FUTURE GENERATIONS.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	10
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	10
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	300
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	125
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	744,944.	187,602.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,130,708.	3,578,334.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,056.	58,253.
	<b>12</b>	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	174,653.	252,745.
			4,052,361.	4,076,934.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,623,007.	2,155,523.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)		
		37,927.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,477,022.	1,791,682.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,100,029.	3,947,205.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	952,332.	129,729.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	6,770,201.	7,062,238.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	1,522,091.	1,684,399.
		5,248,110.	5,377,839.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date	
	MARY SMELCER		PRESIDENT	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date
	RICHARD W. BREWSTER, CPA		RICHARD W. BREWSTER, CPA	
	Firm's name		Firm's EIN	PTIN
	RICHARD W. BREWSTER, CPA, PC		134227421	P00149843
Firm's address		Phone no.		
670 SUPERIOR CT. #106		(541) 773-1885		
MEDFORD, OR 97504				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

IS TO PROVIDE AND PROMOTE A HEALTHY QUALITY EXPERIENCE IN AN ALPINE ENVIRONMENT WHILE REMAINING A VALUED COMMUNITY RESOURCE THAT PROVIDES RECREATIONAL, EDUCATIONAL, AND ECONOMIC OPPORTUNITIES FOR FUTURE GENERATIONS.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ 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 \$ 3,384,082. including grants of \$ ) (Revenue \$ )

THE MT. ASHLAND ASSOCIATION OFFERS COMPREHENSIVE WINTER RECREATION SERVICES AND EDUCATIONAL PROGRAMS TO RESIDENTS OF SOUTHERN OREGON AND NORTHERN CALIFORNIA THROUGH THE OPERATION OF THE MT. ASHLAND SKI AREA. MT. ASHLAND PRIDES ITSELF ON BEING AFFORDABLE TO FAMILIES AND YOUTH AND IS HOST TO AN AVERAGE OF OVER 80,000 SKIER VISITS PER SEASON. OVER 1,000 YOUTH PARTICIPATE IN MT. ASHLAND'S AFTER-SCHOOL PROGRAMS. THE ASSOCIATION PROVIDES AND CONTINUES TO DEVELOP NEW WAYS TO CONTRIBUTE TO OUR YOUTH AND MANY EDUCATIONAL PROGRAMS AND RELATED BENEFITS TO THE COMMUNITIES WE SERVE. THE ASSOCIATION EXPECTS TO CONTINUE THE FOLLOWING PROGRAMS AND EXPAND ON THE EDUCATIONAL AWARENESS PROGRAMS OF AFTER SCHOOL YOUTH SKI AND SNOWBOARD, SKI/SNOWBOARD SCHOOL, KIDS CLUB, MOUNTAIN GEOLOGY/SNOW SCIENCE AND ENVIRONMENTAL/YOUTH SUMMER SERVICE.

**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 3,384,082.

**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in 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.		
a 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
c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. 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 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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> .....	<b>22</b>	X
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i> .....	<b>23</b>	X
<b>24a</b> 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? <i>If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> .....	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I.</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i> .....	<b>26</b>	X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> .....	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. ....	<b>38</b>	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable. ....	<b>1a</b>	13
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. ....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

	Yes	No
<b>2a</b> 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. .... <b>2a</b> 300		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .... <b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .... <b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O. .... <b>3b</b>		
<b>4a</b> 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)? .... <b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .... <b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .... <b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? .... <b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .... <b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .... <b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>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? .... <b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .... <b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .... <b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year. .... <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .... <b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .... <b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .... <b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .... <b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .... <b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .... <b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .... <b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12. .... <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. .... <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders. .... <b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .... <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .... <b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year. .... <b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .... <b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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. .... <b>13b</b>		
<b>c</b> Enter the amount of reserves on hand. .... <b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .... <b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. .... <b>14b</b>		
<b>15</b> 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? .... <b>15</b>		X
If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .... <b>16</b>		X
If "Yes," complete Form 4720, Schedule O.		
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? .... <b>17</b>		
If "Yes," complete Form 6069.		

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1a</b> 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent. . . . . <b>1b</b> 10		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	<b>X</b>
<b>9</b> 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. . . . .	<b>9</b>	<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	<b>X</b>
<b>b</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? . . . . .	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	<b>X</b>
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	<b>X</b>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	<b>X</b>
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . . SEE SCHEDULE O	<b>12c</b>	<b>X</b>
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	<b>X</b>
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official. . . . .	<b>15a</b>	<b>X</b>
<b>b</b> Other officers or key employees of the organization. . . . . SEE SCHEDULE O	<b>15b</b>	<b>X</b>
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	<b>X</b>
<b>b</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? . . . . .	<b>16b</b>	

**Section C. Disclosure**

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

**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 ☒ Upon request ☐ Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
MT. ASHLAND P.O. BOX 220 ASHLAND OR 97520 (541) 482-2897



**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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HIRAM TOWLE GENERAL MANAGER	45 0	X		X				130,280.	0.	0.
(2) ANDREW GAST GENERAL MANAGER	45 0	X		X				185.	0.	0.
(3) BRIAN DUNAGAN DIRECTOR	2 0	X						0.	0.	0.
(4) ANNETTE BATZER PAST PRESIDENT	3 0	X		X				0.	0.	0.
(5) CURT BURRILL PRESIDENT	5 0	X		X				0.	0.	0.
(6) ALLEN PURDY DIRECTOR	2 0	X						0.	0.	0.
(7) MARY SMELCER VICE PRESIDENT	3 0	X		X				0.	0.	0.
(8) RIELLY MCGRAW DIRECTOR	2 0	X						0.	0.	0.
(9) MATTHEW BERNARD DIRECTOR	2 0	X						0.	0.	0.
(10) ADAM REISS TREASURER	3 0	X		X				0.	0.	0.
(11) ANNE JENKINS SECRETARY	3 0	X		X				0.	0.	0.
(12) RAY MALLETTE DIRECTOR	2 0	X						0.	0.	0.
(13) VALRI WILLIAMS DIRECTOR	2 0	X						0.	0.	0.
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----	-----									
(16) -----	-----									
(17) -----	-----									
(18) -----	-----									
(19) -----	-----									
(20) -----	-----									
(21) -----	-----									
(22) -----	-----									
(23) -----	-----									
(24) -----	-----									
(25) -----	-----									
<b>1b Subtotal</b> .....								130,465.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								130,465.	0.	0.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual.* .....

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual.* .....

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person.* .....

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	187,602.				
	g	Noncash contributions included in lines 1a-1f	1g					
	<b>h Total.</b> Add lines 1a-1f			187,602.				
<b>Program Service Revenue</b>			Business Code					
	2a	SKI LIFTS, TICKETS, SALES		3,233,540.	3,233,540.			
	b	EQUIPMENT RENTAL		337,041.	337,041.			
	c	OTHER SKI LIFT OPERATIONS		7,753.	7,753.			
	d							
	e							
	f	All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			3,578,334.				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			58,253.			58,253.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)							
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a					
			7b					
	b Less: cost or other basis and sales expenses							
	c Gain or (loss)							
	d Net gain or (loss)							
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
8a								
8b								
b Less: direct expenses								
c Net income or (loss) from fundraising events								
9a	Gross income from gaming activities. See Part IV, line 19							
		9a						
		9b						
b Less: direct expenses								
c Net income or (loss) from gaming activities								
10a	Gross sales of inventory, less returns and allowances							
		10a	588,819.					
		10b	336,074.					
b Less: cost of goods sold								
c Net income or (loss) from sales of inventory			252,745.	252,745.				
<b>Miscellaneous Revenue</b>								
	Business Code							
	11a							
	b							
	c							
	d All other revenue							
<b>e Total.</b> Add lines 11a-11d								
<b>12 Total revenue.</b> See instructions				4,076,934.	3,831,079.	0.	58,253.	

**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. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	130,465.	21,583.	103,438.	5,444.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	1,722,304.	1,643,531.	55,756.	23,017.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	111,652.	100,344.	9,593.	1,715.
10 Payroll taxes.	191,102.	171,746.	16,420.	2,936.
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.	36,400.		35,900.	500.
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	24,586.		24,586.	
12 Advertising and promotion.	11,489.	11,078.	411.	
13 Office expenses.	139,887.	138,500.	389.	998.
14 Information technology.				
15 Royalties.				
16 Occupancy.	163,109.	146,578.	16,531.	
17 Travel.	23,608.	14,165.	9,443.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	30,218.	28,387.	1,376.	455.
20 Interest.	15,926.	15,926.		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	249,868.	249,868.		
23 Insurance.	310,772.	68,856.	241,916.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	373,274.	366,551.	6,523.	200.
b REPAIRS	168,981.	168,981.		
c CREDIT CARD FEES	138,433.	138,433.		
d LICENSE, TAXES, & DUES	80,172.	74,596.	2,914.	2,662.
e All other expenses.	24,959.	24,959.		
25 Total functional expenses. Add lines 1 through 24e.	3,947,205.	3,384,082.	525,196.	37,927.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash — non-interest-bearing .....	1,160,741.	<b>1</b>	1,493,683.
	<b>2</b> Savings and temporary cash investments .....	2,318,387.	<b>2</b>	1,973,220.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	56,831.	<b>4</b>	185,082.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	61,799.	<b>8</b>	43,774.
	<b>9</b> Prepaid expenses and deferred charges .....	2,250.	<b>9</b>	2,250.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 7,970,157.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,606,433.		
		3,167,101.	<b>10c</b>	3,363,724.
	<b>11</b> Investments — publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments — other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments — program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	3,092.	<b>15</b>	505.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	6,770,201.	<b>16</b>	7,062,238.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	87,269.	<b>17</b>	86,570.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	810,457.	<b>19</b>	1,006,044.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	11,139.	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	613,226.	<b>23</b>	591,785.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,522,091.	<b>26</b>	1,684,399.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions .....	4,948,110.	<b>27</b>	5,084,639.
	<b>28</b> Net assets with donor restrictions .....	300,000.	<b>28</b>	293,200.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	5,248,110.	<b>32</b>	5,377,839.
	<b>33</b> Total liabilities and net assets/fund balances .....	6,770,201.	<b>33</b>	7,062,238.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,076,934.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,947,205.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	129,729.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	5,248,110.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	5,377,839.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? ..... If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>b</b> Were the organization's financial statements audited by an independent accountant? ..... 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>c</b> 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? ..... If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....		

BAA

TEEA0112L 09/01/22

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

MT. ASHLAND ASSOCIATION

Employer identification number

93-1090285

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ 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).**
- 4 ☐ 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: \_\_\_\_\_
- 5 ☐ 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).**
- 7 ☒ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ 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 university: \_\_\_\_\_
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
- a ☐ **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.**
- 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.**
- 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.**
- d ☐ **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.**
- e ☐ 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.
- f Enter the number of supported organizations: \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	308,333.	288,595.	189,898.	744,944.	187,602.	1,719,372.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
<b>4 Total.</b> Add lines 1 through 3.	308,333.	288,595.	189,898.	744,944.	187,602.	1,719,372.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
<b>6 Public support.</b> Subtract line 5 from line 4.						1,719,372.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4.	308,333.	288,595.	189,898.	744,944.	187,602.	1,719,372.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	4,396.	20,904.	1,715.	2,056.	58,253.	87,324.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	14,941.		453,774.			468,715.
<b>11 Total support.</b> Add lines 7 through 10.						2,275,411.
<b>12</b> Gross receipts from related activities, etc. (see instructions).					12	0.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)).	<b>14</b>	75.56 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14.	<b>15</b>	80.35 %
<b>16a 33-1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
<b>b 33-1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1 through 5.						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons.						
<b>b</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.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ☐**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17.	<b>18</b>	%

**19a 33-1/3% support tests—2022.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**b 33-1/3% support tests—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> 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>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> 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).		
<b>8</b> 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).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b> 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 <b>Part VI</b> .		
<b>10a</b> 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>b</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.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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 <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990) 2022

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D – Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i> )	5
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

**Section E – Distribution Allocations (see instructions)**

	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017 .....		
b	From 2018 .....		
c	From 2019 .....		
d	From 2020 .....		
e	From 2021 .....		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018 .....		
b	Excess from 2019 .....		
c	Excess from 2020 .....		
d	Excess from 2021 .....		
e	Excess from 2022 .....		

BAA

Schedule A (Form 990) 2022

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**PART II, LINE 10 - OTHER INCOME**

NATURE AND SOURCE	2022	2021	2020	2019	2018
MISCELLANEOUS					\$ 14,941.
CARES ACT LOAN			\$ 130,000.		
BUSINESS INTERRUPTION INS.			323,774.		
TOTAL	\$ 0.	\$ 0.	\$ 453,774.	\$ 0.	\$ 14,941.

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

MT. ASHLAND ASSOCIATION

Employer identification number

93-1090285

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 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**

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

Name of organization	Employer identification number
MT. ASHLAND ASSOCIATION	93-1090285

**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	ANDY & ANNETTE BATZER 515 S 5TH STREET JACKSONVILLE, OR 97520	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LITHIA MOTORS 150 N. BARTLETT ST. MEDFORD, OR 97501	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JIM & DEBI NORTH 85 CENTRAL AVE ASHLAND, OR 97520	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PAUL & LYNDA MARIKOS 1192 WILSON RD ASHLAND, OR 97520	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CARRICO FAMILY FOUNDATION PO BOX 4436 MEDFORD, OR 97501	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	KOGAP ENTERPRISES 115 STEWART AVE 202 MEDFORD, OR 97504	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization	Employer identification number
MT. ASHLAND ASSOCIATION	93-1090285

**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	CITY OF ASHLAND 20 E. MAIN ST ASHLAND, OR 97520	\$ 10,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	SHARE WINTER FOUNDATION PO BOX 250115 BROOKLYN, NY 11225	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	PROFESSIONAL TRANSPORT PO BOX 2368 WHITE CITY, OR 97503	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	JB STEEL PO BOX 4460 MEDFORD, OR 97501	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

MT. ASHLAND ASSOCIATION

Employer identification number

93-1090285

**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 information once. See instructions.)..... \$                      N/A  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(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

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Employer identification number

MT. ASHLAND ASSOCIATION

93-1090285

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year) . . . . .		
3 Aggregate value of grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . ☐ Yes ☐ No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2 a
b Total acreage restricted by conservation easements . . . . .	2 b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2 c
d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register . . . . .	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

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

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. . . . . \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X. . . . . \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1. . . . . \$ \_\_\_\_\_

b Assets included in Form 990, Part X. . . . . \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance.....	1 c
d Additions during the year.....	1 d
e Distributions during the year.....	1 e
f Ending balance.....	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

c Term endowment \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations.....

(ii) Related organizations.....

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?.....

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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
1 a Land.....				
b Buildings.....		2,349,188.	2,037,036.	312,152.
c Leasehold improvements.....		3,098,001.	766,787.	2,331,214.
d Equipment.....		1,806,534.	1,329,900.	476,634.
e Other.....		716,434.	472,710.	243,724.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				3,363,724.

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Schedule D (Form 990) 2022

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely held equity interests.....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . . . .		

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . .		

**Part IX Other Assets.**

N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) . . . .	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
Total. (Column (b) must equal Form 990, Part X, column (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. . . . . **SEE PART XIII.** ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	<b>a</b> Net unrealized gains (losses) on investments	<b>2 a</b>		
	<b>b</b> Donated services and use of facilities	<b>2 b</b>		
	<b>c</b> Recoveries of prior year grants	<b>2 c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2 d</b>		
	<b>e</b> Add lines <b>2 a</b> through <b>2 d</b>		<b>2 e</b>	
<b>3</b>	Subtract line <b>2 e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4 a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4 b</b>		
	<b>c</b> Add lines <b>4 a</b> and <b>4 b</b>		<b>4 c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** N/A

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	<b>a</b> Donated services and use of facilities	<b>2 a</b>		
	<b>b</b> Prior year adjustments	<b>2 b</b>		
	<b>c</b> Other losses	<b>2 c</b>		
	<b>d</b> Other (Describe in Part XIII.)	<b>2 d</b>		
	<b>e</b> Add lines <b>2 a</b> through <b>2 d</b>		<b>2 e</b>	
<b>3</b>	Subtract line <b>2 e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4 a</b>		
	<b>b</b> Other (Describe in Part XIII.)	<b>4 b</b>		
	<b>c</b> Add lines <b>4 a</b> and <b>4 b</b>		<b>4 c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	

**Part XIII Supplemental Information.**

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

**PART X - FASB ASC 740 FOOTNOTE**

THE ASSOCIATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. THE ASSOCIATION HAS ALSO BEEN CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A), AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170 (B) (1) (A) (III). CURRENTLY, THE ASSOCIATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR THE YEAR ENDED JUNE 30, 2023.

BAA

Schedule D (Form 990) 2022

**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open To Public  
Inspection**

Name of the organization

MT. ASHLAND ASSOCIATION

Employer identification number

93-1090285

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) ANNETTE BATZER	BOARD MEMB	EQUIPMENT L	X		88,500.			X	X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total .....						\$						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2022



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

**MT. ASHLAND ASSOCIATION**

Employer identification number

**93-1090285**

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

ONCE THE PRELIMINARY DRAFT OF THE FORM 990 IS COMPLETED BY THE CPA, THE FINANCE COMMITTEE MEETS TO DISCUSS THE CONTENT OF THE FORM. AFTER THE FORM IS APPROVED BY THE FINANCE COMMITTEE, THE FORM IS THEN SUBMITTED BY THE REQUIRED DUE DATE, 4 ½ MONTHS AFTER THE CLOSE OF THE FISCAL YEAR, UNLESS THE RETURN IS EXTENDED. THE 990 IS ALSO APPROVED BY THE BOARD PRIOR TO FILING.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

ANNUALLY THE ORGANIZATION REVIEWS ITS POLICIES AND ENSURES THAT EMPLOYEES AND BOARD MEMBERS ARE IN COMPLIANCE WITH CONFLICT OF INTEREST POLICIES. CONFLICT OF INTEREST POLICY IS SIGNED AT THE BEGINNING OF EMPLOYMENT AS WELL.

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES**

THERE IS A COMMITTEE THAT MEETS ANNUALLY TO APPRAISE THE PERFORMANCE OF THE GENERAL MANAGER. THE GENERAL MANAGER'S SALARY IS BASED UPON THE COMMITTEE'S APPRAISAL. COMPENSATION OF OTHER EMPLOYEES IS REVIEWED ON THE ANNUAL BASIS USING COMPARABLE DATA.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

COPIES OF GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

**FORM 990, PART V, QUESTION 7 G.**

THERE WAS NO QUALIFIED INTELLECTUAL PROPERTY CONTRIBUTIONS RECEIVED DURING THE FISCAL YEAR. AS A RESULT, THE FILING OF FORM 8899 WAS NOT REQUIRED.

2022

FEDERAL SUPPORTING DETAIL

PAGE 1

MT. ASHLAND ASSOCIATION

93-1090285

BALANCE SHEET  
SAVINGS AND TEMPORARY CASH INVESTMENTS

.....	\$	1,973,220.
TOTAL	\$	<u>1,973,220.</u>

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## 2022 FEDERAL BOOK DEPRECIATION SCHEDULE

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MT. ASHLAND ASSOCIATION

93-1090285

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
252	COMPUTER-GOKEY	11/23/00		1,675							1,675		S/L	5		0
253	EMILY DELL COMPUTER	1/01/21		702							702	210	S/L	5		140
254	LAPTOP BUILDING & GROUNDS	2/12/21		603							603	171	S/L	5		121
255	LOCKER LODGE CARPET	8/11/20		1,076							1,076	412	S/L	5		215
256	CONTROL SYSTEM SHOP/OFFICE	5/18/21		14,051							14,051	3,044	S/L	5		2,810
257	WATER SYSTEM FLOW METER	5/19/21		7,971							7,971	1,727	S/L	5		1,594
262	LODGE UPGRADES-PARKING LOT	8/05/21		4,365							4,365	267	S/L	15		291
268	WATER TANK LINER	7/31/22		19,850							19,850		S/L	10		1,820
269	CAN AM 6X6 BOMBARDIER 2022	8/01/22		26,128							26,128		S/L	5		4,790
270	ROSSIGNOL RENTAL GEAR	10/07/22		96,282							96,282		S/L	5		14,442
271	MIXER FOR SBR	5/08/23		9,668							9,668		S/L	5		322
272	aisle 2 PROJECT WIP	3/01/23		11,800							11,800					0
273	HVAC	2/01/23		37,980							37,980		S/L	10		1,583
274	SONNET LIFT 2100 FT NEW HAUL	5/22/23		18,704							18,704		S/L	10		156
275	STAR LIFTS SUNKID MAGIC CARPE	12/10/22		179,040							179,040		S/L	10		10,444
276	SBR DRAIN FIELD WIRING IMP	1/01/23		47,039							47,039		S/L	15		1,568
TOTAL				476,934		0	0	0	0	0	476,934	5,831				40,296
150-10-EQUIPMENT - SKI LIFTS																
6	PASSWARE LICENSE	8/15/02		3,000							3,000	3,000	S/L	3		0
160	CARD SWIPERS	10/30/07		833							833	833	S/L	5		0
165	RECIEPT PRINTER	2/15/08		4,892							4,892	4,892	S/L	5		0
218	GIFT CARD SOFTWARE	8/21/14		5,300							5,300	5,300	S/L	5		0
TOTAL 150-10-EQUIPMENT - SKI				14,025		0	0	0	0	0	14,025	14,025				0

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## 2022 FEDERAL BOOK DEPRECIATION SCHEDULE

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MT. ASHLAND ASSOCIATION

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
150-11-EQUIPMENT - SKI LI																
199	ARIEL UPGRADE	6/30/12		47,563							47,563	47,563	S/L	10		0
	TOTAL 150-11-EQUIPMENT - SKI			47,563		0	0	0	0	0	47,563	47,563				0
150-11-EQUIPMENT - SKI LIFTS																
14	SONNET MOTOR ROOM ENCLOSURE	7/01/95		5,209							5,209	5,209	S/L	10		0
15	WINDSOR HAUL ROPE REPLACE	10/15/99		20,674							20,674	20,674	S/L	10		0
16	ARIEL CHAIR TOP BULLWHEEL	5/15/00		1,749							1,749	1,749	S/L	10		0
17	ARIEL CLIP CHAIRS CATCHER	2/15/01		22,510							22,510	22,510	S/L	10		0
18	ARIEL TOP SHACK ADDITION	10/31/01		3,172							3,172	3,172	S/L	7		0
19	ARIEL AUX DRIVE REPLACEMENT	8/15/02		1,000							1,000	1,000	S/L	10		0
20	ARIEL GEARBOX REBUILD	11/15/02		12,700							12,700	12,700	S/L	10		0
21	WINDSOR DRIVE SYSTEM	5/15/03		11,752							11,752	10,576	S/L	10		0
22	WINDSOR TRANSFORMER	8/31/03		7,862							7,862	7,862	S/L	10		0
23	ARIEL LINE REBUILD	10/31/03		6,759							6,759	6,759	S/L	10		0
24	RAILS - TERRAIN PARK	11/10/03		677							677	677	S/L	7		0
25	ARIEL AUX DRIVE REPLACEMENT	1/30/03		3,743							3,743	3,429	S/L	10		0
26	SONNET OPERATOR BUILDING	1/30/03		6,857							6,857	6,287	S/L	10		0
27	ARIEL LINE MACHINERY	8/23/04		2,543							2,543	2,543	S/L	10		0
28	ARIEL 24V BRAKING SYS	9/13/04		1,768							1,768	1,768	S/L	10		0
29	ARIEL GEARBOX OVERHAUL	8/15/04		27,624							27,624	24,743	S/L	10		0
30	SONNET CONTROL UPGRADE	9/15/05		10,010							10,010	9,836	S/L	10		0
31	WINDSOR LIFT GEAR BOX	6/26/07		11,947							11,947	11,947	S/L	10		0
158	WINDSOR REPAIRS	11/05/07		20,504							20,504	20,504	S/L	10		0
159	BULLWHEEL REPAIR	8/24/07		16,187							16,187	16,187	S/L	10		0

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MT. ASHLAND ASSOCIATION

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
172	LIFTS	7/07/08		7,680							7,680	7,680	S/L	10		0
184	NDT EQUIPMENT	4/30/10		858							858	858	S/L	5		0
185	UV LIGHT METER	5/24/10		412							412	412	S/L	5		0
248	COMER CHAIR LIFT IMP	6/30/21		33,750							33,750	3,375	S/L	10		3,375
249	WINDSOR CHAR LIFT IMP	6/30/21		37,080							37,080	3,708	S/L	10		3,708
258	WINDSOR CHAIR LIFT	10/19/21		42,702							42,702	5,694	S/L	5		8,540
259	ARIEL CHAIR LIFT	8/17/21		33,369							33,369	5,562	S/L	5		6,674
260	MAGIC CARPET -STAR LIFTS	1/07/22		46,230							46,230	4,623	S/L	5		9,246
TOTAL 150-11-EQUIPMENT - SKI				397,328		0	0	0	0	0	397,328	222,044				31,543
150-121-EQUIPMENT - SKI LIFTS																
32	GPS UNITS	12/01/96		1,120							1,120	1,120	S/L	5		0
TOTAL 150-121-EQUIPMENT - SKI				1,120		0	0	0	0	0	1,120	1,120				0
150-12-EQUIPMENT																
217	OFFICE - TRAILER	8/01/14		4,100							4,100	3,246	S/L	10		410
TOTAL 150-12-EQUIPMENT				4,100		0	0	0	0	0	4,100	3,246				410
150-13-EQUIPMENT - SKI LIFTS																
33	BOMBARDIER SNO-CAT	2/01/94		131,200							131,200	131,200	S/L	5		0
34	PARKING LOT TRANSPORT TRA	12/01/95		2,021							2,021	2,021	S/L	7		0
35	EXHAUST EVACUATION SYSTEM	8/01/96		2,304							2,304	2,304	S/L	7		0
37	LIGHTING	3/15/01		2,329							2,329	2,329	S/L	5		0
38	BOMBARD #2 REBUILD	8/15/02		10,170							10,170	9,154	S/L	5		0
39	ATV/WORK VEHICLE	10/01/03		9,649							9,649	7,719	S/L	5		0

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## 2022 FEDERAL BOOK DEPRECIATION SCHEDULE

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**MT. ASHLAND ASSOCIATION**

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
40	TILLER REBUILD	11/15/03		8,916							8,916	8,916	S/L	5		0
42	PLOWING EQUIPMENT	8/31/04		18,355							18,355	18,355	S/L	7		0
45	40' CARGO CONTAINER	5/25/05		2,600							2,600	2,080	S/L	5		0
46	QUAD FOR MOUNTAIN	7/12/06		6,025							6,025	5,596	S/L	7		0
47	BR 350 SNOW GROOMER	11/01/06		239,598							239,598	239,598	S/L	15		0
48	BR 275 WINCH	11/01/06		47,000							47,000	47,000	S/L	15		0
49	1999 RANGE LT TRAILER	2/09/07		1,000							1,000	1,000	S/L	5		0
176	275 BEARING SUPPORT	10/06/08		2,626							2,626	2,406	S/L	15		175
181	1992 FORD	8/07/08		2,500							2,500	2,500	S/L	5		0
194	2009 BR350 SNOW GROOMER	8/11/10		147,500							147,500	147,500	S/L	5		0
195	2011 CHEVY EQUINOX	11/06/10		25,109							25,109	25,109	S/L	5		0
196	2010 CHEVY COLORADO	11/06/10		24,788							24,788	24,788	S/L	5		0
197	2000 SKI-DOO SUMMIT 700	12/13/10		1,800							1,800	1,800	S/L	5		0
214	2 SNOW MOBILES	12/04/13		9,800							9,800	9,800	S/L	5		0
237	LIFT EQUIPMENT	6/30/19		14,566							14,566	4,371	S/L	10		1,457
243	SNOW CAT	6/30/20		175,000							175,000	35,000	S/L	10		17,500
244	SNOMO PURCHASE	2/20/20		1,100							1,100	513	S/L	5		220
TOTAL 150-13-EQUIPMENT - SKI				885,956		0	0	0	0	0	885,956	731,059				19,352
150-15-EQUIPMENT																
175	GAS ALERT MICRO 5	8/20/08		1,501							1,501	1,501	S/L	5		0
250	TRAFFIC COUNTER	9/29/20		2,720							2,720	952	S/L	5		544
TOTAL 150-15-EQUIPMENT				4,221		0	0	0	0	0	4,221	2,453				544
150-20-EQUIPMENT - LODGE & BAR																

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MT. ASHLAND ASSOCIATION

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
53	REFRIGERATION	9/15/02		560							560	560	S/L	7		0
54	HOTWATER HEATER	12/15/02		2,299							2,299	2,299	S/L	7		0
59	DONATED FUEL TANK	11/08/04		8,600							8,600	8,600	S/L	10		0
60	SISQ COMMUNICATIONS RADIO	1/16/06		13,585							13,585	13,021	S/L	7		0
61	KITCHEN EQUIPMENT	10/12/06		12,084							12,084	11,778	S/L	10		0
TOTAL 150-20-EQUIPMENT - LODG				37,128		0	0	0	0	0	37,128	36,258				0
150-25-EQUIPMENT - CAFE																
62	BEER REFRIG. & DELIVERY	2/15/00		5,983							5,983	5,913	S/L	7		0
63	MUSIC/PA SYSTEM	3/15/01		2,694							2,694	2,502	S/L	7		0
64	FREEZER INSTALLATION CAFE	3/30/01		5,608							5,608	5,207	S/L	7		0
78	HOOD FIRE SYSTEM	10/18/04		2,200							2,200	2,200	S/L	5		0
80	BAR CASHIER STATION	11/03/04		2,444							2,444	2,424	S/L	5		0
81	BAR COCKTAIL STATION	11/03/04		2,059							2,059	2,042	S/L	5		0
82	BISTRO EQUIPMENT	11/30/04		4,801							4,801	4,801	S/L	7		0
83	CAFE DELI CASE	1/11/05		3,650							3,650	3,585	S/L	7		0
85	KITCHEN TOOLS	1/30/01		6,291							6,291	6,291	S/L	7		0
162	BROILER/SALAMANDER	1/10/08		1,053							1,053	1,053	S/L	10		0
245	FRYER - CAFE	2/21/20		8,000							8,000	3,733	S/L	5		1,600
TOTAL 150-25-EQUIPMENT - CAFE				44,783		0	0	0	0	0	44,783	39,751				1,600
150-30-EQUIPMENT																
179	TV FOR BAR	1/28/09		330							330	330	S/L	5		0
TOTAL 150-30-EQUIPMENT				330		0	0	0	0	0	330	330				0



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MT. ASHLAND ASSOCIATION

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
150-50-EQUIPMENT - SKI SHOP																
87	SKI/SNOWBOARD BELT WAXER	9/08/97		3,350							3,350	3,350	S/L	5		0
88	POLYMAN EXTRUSION PISTOL	6/01/98		1,261							1,261	1,261	S/L	7		0
89	TRAILER	6/01/99		22,444							22,444	22,444	S/L	15		0
90	RENTAL EQUIPMENT	1/15/00		33,091							33,091	33,091	S/L	5		0
91	TRAILER & SHOP FIXTURES	1/15/01		10,142							10,142	10,142	S/L	5		0
93	RENTAL - DIN SOFTWARE	2/15/01		868							868	868	S/L	3		0
246	RENTAL SHOP EQUIPMENT	6/30/20		15,213							15,213	6,086	S/L	5		3,043
TOTAL 150-50-EQUIPMENT - SKI				86,369		0	0	0	0	0	86,369	77,242				3,043
150-60-EQUIPMENT - SKI SCHOOL																
98	RACE EQUIPMENT	3/15/00		1,003							1,003	978	S/L	7		0
99	TEACHING LIFT - ROPE TOW	9/30/01		24,633							24,633	24,633	S/L	7		0
189	C-RAIL FOR TERRAIN PARK	11/16/10		1,960							1,960	1,960	S/L	5		0
190	6 MOTOROLA RADIOS	1/17/11		325							325	325	S/L	5		0
TOTAL 150-60-EQUIPMENT - SKI				27,921		0	0	0	0	0	27,921	27,896				0
150-70-EQUIPMENT - OTHER																
103	ADMIN OFFICE DESKS & FILE	6/15/01		2,352							2,352	2,184	S/L	7		0
105	NEW INTERNET CONNECTION	9/22/06		800							800	734	S/L	3		0
106	RADIO EQUIPMENT	1/22/07		3,514							3,514	3,514	S/L	5		0
163	RADIOS	1/24/08		1,400							1,400	1,400	S/L	5		0
164	RADIO	1/30/08		500							500	500	S/L	5		0
167	PORTABLE PA SYSTEM	4/30/08		680							680	680	S/L	5		0
169	E350 FORD NOAH VAN	1/05/08		2,000							2,000	2,000	S/L	5		0

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177	275 WINCH REBUILD	10/20/08		17,715							17,715	16,140	S/L	15		1,181
191	RADIOS	1/18/11		1,148							1,148	1,148	S/L	5		0
207	REPEATER	9/06/12		3,500							3,500	3,500	S/L	5		0
208	RADIOS	12/11/12		2,262							2,262	2,262	S/L	5		0
209	RADIOS	1/10/13		4,274							4,274	4,274	S/L	5		0
225	OFFICE EQUIPMENT	6/30/17		32,739							32,739	32,739	S/L	5		0
226	WINDSOR CHAIRLIFT	6/30/17		20,436							20,436	6,810	S/L	15		1,362
227	DODGE RAM	6/30/17		13,935							13,935	13,935	S/L	5		0
228	SKI LIFT EQUIPMENT	6/30/18		71,757							71,757	19,136	S/L	15		4,784
231	SNOWCAT	6/30/18		118,500							118,500	94,800	S/L	5		23,700
233	SKI RENTAL EQUIPMENT	6/30/18		9,052							9,052	7,240	S/L	5		1,812
238	COMPUTERS	6/30/19		25,127							25,127	15,075	S/L	5		5,025
247	SKI BUS	6/30/20		17,000							17,000	6,800	S/L	5		3,400
TOTAL 150-70-EQUIPMENT - OTH				348,691		0	0	0	0	0	348,691	234,871				41,264
150-75-EQUIPMENT- DEVELOPMENT																
171	SOFTWARE DATA CONVERSION	7/01/08		1,000							1,000	1,000	S/L	3		0
TOTAL 150-75-EQUIPMENT- DEVE				1,000		0	0	0	0	0	1,000	1,000				0
156-13-LEASEHOLD - SKI LIFTS																
108	VEHICLE SHOP REPAIR	10/15/04		712							712	700	S/L	7		0
TOTAL 156-13-LEASEHOLD - SKI				712		0	0	0	0	0	712	700				0
156-15-LEASEHOLD - SKI LIFTS																

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109	BUILDING - MARA	6/30/95		42,000							42,000	42,000	S/L	25		0
157	SHOP EXHAUST SYSTEM	9/11/07		5,470							5,470	5,470	S/L	10		0
186	CARPET LODGE & 2ND FLOOR	8/25/10		11,428							11,428	11,428	S/L	5		0
187	CARPET RENTAL SHOP	11/09/10		3,666							3,666	3,666	S/L	5		0
TOTAL 156-15-LEASEHOLD - SKI				62,564		0	0	0	0	0	62,564	62,564				0
156-16-LEASEHOLD - SKI LIFTS																
110	DIRECTIONAL SIGNS/PHASE 2	8/01/95		1,640							1,640	1,640	S/L	7		0
111	UPPER DREAM/AVON SLOPE	9/01/95		33,464							33,464	33,464	S/L	10		0
112	SLOPE IMPROVEMENT	7/01/96		19,703							19,703	19,703	S/L	10		0
113	DIRECTION SIGNS - PHASE 3	8/01/96		2,344							2,344	2,344	S/L	7		0
114	SLOPE GROOMING -DREAM & C	9/15/97		10,971							10,971	10,422	S/L	10		0
115	EXPLOSIVES CACHE	10/17/03		7,635							7,635	7,635	S/L	7		0
116	LIFT IMPROVEMENTS	9/27/06		7,863							7,863	7,664	S/L	10		0
242	LIFTS	6/30/20		67,753							67,753	13,550	S/L	10		6,775
TOTAL 156-16-LEASEHOLD - SKI				151,373		0	0	0	0	0	151,373	96,422				6,775
156-20-LEASEHOLD - LODGE & BAR																
117	DECK	1/01/94		7,657							7,657	7,657	S/L	10		0
118	AIR DUCTING & FANS	1/01/94		6,147							6,147	6,147	S/L	10		0
119	4TH FLOOR REMODEL	11/01/94		2,727							2,727	2,727	S/L	10		0
120	LODGE LIGHTING	1/01/95		652							652	652	S/L	10		0
121	NEW BAR WINDOW	10/01/96		590							590	590	S/L	10		0
122	PARKING LOT RESURFACING	9/06/97		9,195							9,195	9,195	S/L	10		0
123	LARGE LODGE WINDOW REPLAC	10/16/97		2,831							2,831	1,799	S/L	39		73

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124	PARKING LOT REPAIR	8/15/98		3,500							3,500	3,500	S/L	10		0
125	LODGE 1ST FLOOR CARPET	1/01/98		10,398							10,398	10,398	S/L	7		0
126	2 FURNACES	1/15/98		8,161							8,161	8,161	S/L	7		0
127	LODGE - RESTROOM REMODEL	1/15/99		23,096							23,096	13,913	S/L	39		592
128	EMPLOYEE LOCKER CONSTRUCT	1/15/99		1,583							1,583	1,583	S/L	7		0
129	FIREPLACE WORK	8/15/00		2,202							2,202	2,202	S/L	10		0
130	BAR/LOUNGE FIXTURES	12/15/00		2,100							2,100	2,100	S/L	7		0
132	2ND FLOOR EXTENSION	6/15/01		6,098							6,098	3,290	S/L	39		156
134	IMPROVEMENTS LOWER ENTRAN	9/15/02		1,577							1,577	1,577	S/L	10		0
135	ENTRY WAY REMODEL	2/15/02		1,730							1,730	1,586	S/L	10		0
136	HOT WATER HEATER	3/31/03		11,355							11,355	10,679	S/L	7		0
137	SECURITY CAMS	9/30/04		4,011							4,011	4,011	S/L	10		0
138	CARPETING LODGE	1/30/04		2,669							2,669	2,246	S/L	5		0
139	REDESIGN LODGE STAIRWAY	9/01/06		36,397							36,397	36,397	S/L	10		0
140	FIREPLACE IMPROVEMENTS	12/02/06		7,832							7,832	7,765	S/L	10		0
239	LODGE REMODEL	6/30/20		238,357							238,357	11,918	S/L	40		5,959
263	SHOP/OFFICE UPGRADES	4/12/22		118,136							118,136	738	S/L	40		2,953
TOTAL 156-20-LEASEHOLD - LODG				509,001		0	0	0	0	0	509,001	150,831				9,733
156-25-LEASEHOLD - CAFE																
141	LARGE WINDOW	8/01/96		4,617							4,617	4,617	S/L	10		0
142	CAFE REMODEL	9/15/01		8,610							8,610	8,610	S/L	10		0
143	STORAGE UNIT INSTALLED	2/15/02		8,357							8,357	7,362	S/L	7		0
144	VARIOUS CONSTRUCTION	12/15/02		2,624							2,624	2,624	S/L	10		0
145	SINK/FLOOR/CABINETS	7/31/03		1,159							1,159	1,159	S/L	7		0
146	CAFE VARIOUS IMP	9/22/05		4,938							4,938	4,938	S/L	10		0

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147	GEOTEXTILE	8/21/06		917							917	874	S/L	7		0
148	CAFE REMODEL	1/03/07		5,551							5,551	5,551	S/L	10		0
261	COUNTERTOP	12/17/21		1,420							1,420	101	S/L	7		203
TOTAL 156-25-LEASEHOLD - CAFE				38,193		0	0	0	0	0	38,193	35,836				203
156-40-LEASEHOLD - SKI SHOP																
149	RETAIL SHOP REMODEL	2/15/01		14,730							14,730	8,094	S/L	39		378
TOTAL 156-40-LEASEHOLD - SKI				14,730		0	0	0	0	0	14,730	8,094				378
156-50-LEASEHOLD - SKI SHOP																
150	RENTAL REMODEL/EXPANSION	1/15/99		2,529							2,529	1,526	S/L	39		65
151	ROOFING RENTAL SHOP BUILD	9/15/01		2,559							2,559	2,559	S/L	10		0
152	RENTAL - REMODEL INTERIOR	9/15/01		5,226							5,226	2,792	S/L	39		134
TOTAL 156-50-LEASEHOLD - SKI				10,314		0	0	0	0	0	10,314	6,877				199
156-70-LEASEHOLD - ADMIN																
153	OFFICE SPACE CONSTRUCTION	1/15/00		756							756	756	S/L	7		0
154	FIBER NETWORK	9/08/06		16,500							16,500	16,500	S/L	15		0
155	PHONE SYSTEM	12/21/06		41,635							41,635	41,635	S/L	15		0
220	SOLAR PROJECT	6/30/16		47,549							47,549	28,530	S/L	10		4,755
223	SOLAR PROJECT	6/30/17		41,247							41,247	20,625	S/L	10		4,125
224	PARKING LOT APRON-SHOP	6/30/17		20,900							20,900	6,965	S/L	15		1,393
229	LODGE REMODEL	6/30/18		1,975,496							1,975,496	197,548	S/L	40		49,387
230	SLOPE TRIM	6/30/18		19,040							19,040	1,904	S/L	40		476
234	LODGE RENOVATION	8/23/18		47,766							47,766	4,577	S/L	40		1,194

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235	LODGE INTERIOR UPGRADES	12/31/18		34,927							34,927	8,148	S/L	15		2,328
236	SLOPE TRIMMING IMPROVMTS	12/06/18		10,343							10,343	3,705	S/L	10		1,034
264	COMPUTER	9/21/21		2,797							2,797	420	S/L	5		559
265	SNOWMOBILE	10/13/21		7,850							7,850	1,178	S/L	5		1,570
266	COMPUTER	11/01/21		1,259							1,259	168	S/L	5		252
267	EQUIPMENT	6/01/22		11,815							11,815	197	S/L	5		2,363
TOTAL 156-70-LEASEHOLD - ADM				2,279,880		0	0	0	0	0	2,279,880	332,856				69,436
156-75-LEASEHOLD IMPROVMENTS																
211	PHASE I - PARKING LOT	6/30/13		40,340							40,340	16,136	S/L	20		2,017
215	PHASE I - PARKING LOT	5/30/13		317,222							317,222	126,888	S/L	20		15,861
219	PHASE I - PARKING LOT	12/29/14		90,105							90,105	33,788	S/L	20		4,505
240	CHARGING STATION	6/30/20		11,394							11,394	2,278	S/L	10		1,139
TOTAL 156-75-LEASEHOLD IMPRO				459,061		0	0	0	0	0	459,061	179,090				23,522
158-70-SKI AREA IMPROVEMENT PROJECT																
222	SKI AREA IMPROV. PROJECT	7/01/15		2,035,466							2,035,466	2,035,466	S/L	10		0
241	SLOPE IMPROVEMENTS	6/30/20		31,395							31,395	3,140	S/L	20		1,570
TOTAL 158-70-SKI AREA IMPROVE				2,066,861		0	0	0	0	0	2,066,861	2,038,606				1,570
AMORTIZATION																
156	CONTRIBUTED FACILITY LEAS	7/09/02		2,833,300							2,833,300	2,833,300	S/L	37.5		0
TOTAL AMORTIZATION				2,833,300		0	0	0	0	0	2,833,300	2,833,300				0

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	TOTAL DEPRECIATION			<u>7,970,158</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>7,970,158</u>	<u>4,356,565</u>				<u>249,868</u>
	GRAND TOTAL AMORTIZATION			2,833,300		0	0	0	0	0	2,833,300	2,833,300				0
	GRAND TOTAL DEPRECIATION			<u>7,970,158</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>7,970,158</u>	<u>4,356,565</u>				<u>249,868</u>