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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury

	nai Revent		The organization may have to use a co	· · · · · · · · · · · · · · · · · · ·			क परिवर्ष के किस्सी परिवरण है। है है के प्रतिहरू			
	For the	2009 calendar year,	or tax year beginning	, 2009, and endir						
В	Check if a	pplicable Please use	C		DE	mployer Identific	ation Number			
	Addre	ess change IRS label	THE STONY BROOK-MILLS	TONE WATERSHED		21-06497	17			
	Name	e change or type.	ASSOCIATION		E Te	E Telephone number				
	Initial	See specific	31 TITUS MILL ROAD		(609) 737-3735					
	\vdash	instruc-	PENNINGTON, NJ 08534-	4303		· ,				
	H	nded return			ا د د	ross receipts \$	3,416,098.			
	\vdash	-	and address of principal officer		H(a) Is this a group					
	Арріі		AS C ABOVE		H(b) Are all affiliate		Yes No			
_				14047(\((1) \)	If 'No,' attach	a list (see instru				
<u> </u>	_	xempt status X 501		4947(a)(1) or 527	-	_				
<u></u>	Webs		NATERSHED.ORG		H(c) Group exempt					
K		organization X Corpora	ation Trust Association Ott	ner ► L Year of Forma	tion 1949	M State of lega	al domicile NJ			
Pa	rt I 👊	Summary		·						
	1 B	riefly describe the org	ganization's mission or most signif	icant activities THE WATE	RSHED ASS	<u>OCIATION</u>	_PROTECTS			
ø		<u>LEAN WATER AN</u>	ID THE ENVIRONMENT, AD	<u> DRESSES_KEY_ISSUES</u>	<u>AFFECTING</u>	<u>WATER</u> Q	QUALITY_AND			
anc	J	AND USE, EDUC	CATES_AREA RESIDENTS_A	BOUT ECOLOGY AND PI	RESERVES_C	PEN_SPAC	E BY			
Ë	_M_	IAINTAINING <u>A</u> N	J_860_ACRE_NATURE_RESE	RVE_AND_ORGANIC_FAI	RM					
ŏ			if the organization discontinued its		ore than 25% o	fits assets				
ن •خ	1	_	nbers of the governing body (Part '			3	27			
63	1		nt voting members of the governing	g body (Part VI, line 1b)		4	27			
¥	1		pyees (Part V, line 2a)			5	39			
Activities & Governance	l		teers (estimate if necessary)			6	300			
•	1	-	business revenue from Part VIII, c			7a 7b	0.			
	וו פ	et unrelated business	s taxable income from Form 990-T	, line 34	<u> </u>					
					Prior \		Current Year			
ā	3		nts (Part VIII, line 1h)			3,358.	3,021,903.			
en			nue (Part VIII, line 2g)			1,425.	148,413.			
Revenue			art VIII, column (A), lines 3, 4, and			2,487.	46,563.			
_	1	•	III, column (A), lines 5, 6d, 8c, 9c,			0,881.	133,670.			
			ines 8 through 11 (must equal Pari			8,151.	3,350,549.			
	l		ounts paid (Part IX, column (A), li		<u>/</u>	6,195.	77,708.			
	l	•	members (Part IX, column (A), iir		1-06	0.554	1 006 750			
ø		•	nsation, employee benefits (Part I		1,06	0,554.	1,036,753.			
Expenses	16a P	rofessional fundraisir	ng fees (Part IX, column (A), line 1	lle)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	****				
ă X) в⊤	otal fundraising expe	enses (Part IX, column (D), line 25)	157,646		的問題				
ш	17 0	ther expenses (Part	IX, column (A), lines 11a-11d, 11f	241 RECEIVED	57	2,279.	592,663.			
	18 T	otal expenses Add I	ines 13-17 (must equal Part IX, co	lumn (A), line 25)	S 1,70	9,028.	1,707,124.			
	19 R	Revenue less expense	ines 13-17 (must equal Part IX, co es Subtract line 18 from line 12	\document{\docu	0 1,41	9,123.	1,643,425.			
* 8				1 × 1 × 2010	Beginning		End of Year			
ata c	20 T	otal assets (Part X. I	uno 16)	L		7,821.	9,312,742.			
A Boll	20 T	otal liabilities (Part X, i	•	OGDÉN, UT		4,636.	179,677.			
Net Assets or Fund Belances	21 1	•	'							
	<u> </u>		ances Subtract line 21 from line 2	20	1,25	3,185.	9,133,065.			
, P 6	art II 🧢	Signature Blo	CK				 -			
		Under penalties of perjuly, true, correct, and complete	, I declare that I have examined this retain the Declaration of preparer (other than officer) is	cluding accompanying schedules and sta s based on all information of which prep	atements, and to the parer has any knowle	best of my know	ledge and belief, it is			
			W. W.		1.4	1. /				
Sig	gn	- 1	Mr July		7	18/2010	<u> </u>			
пе	re	Signature of officer	()		Date	'				
		JAMES WALT			EXECUTI	VE DIREC				
		Type or print name ar	nd title							
_				Date	Check if self-	Prep (see	parer's identifying number instructions)			
Pa		Preparer s		A lala	employe	ed ► 🔲				
Pr		signature MIC	CHAEL B. LACATENA / U	1 8 1/9	110	N/	A			
	rer's		ONE LACATENA FAIRCHIL	D BEPPEL, PC						
Us	se nly	voure of coff	EUCLID AVENUE, SUITE		EIN	► N/A				
U	··y	address and	DDONFIELD, NJ 08033		Phone r	1050	795-9650			
Ma	v the IR	· · · · · · · · · · · · · · · · · · ·	with the preparer shown above? (see instructions)	1		X Yes No			
_			erwork Reduction Act Notice, see		TEE	A0113L 12/29/0				

	990 (2009) THE STONY BROOK-MILLSTONE WATERSHED	21-0649717	Page 2
Par	t Illigi Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission THE WATERSHED ASSOCIATION PROTECTS CLEAN WATER AND THE ENVIRONMENT ISSUES AFFECTING WATER QUALITY AND LAND USE, EDUCATES AREA RESIDE AND PRESERVES OPEN SPACE BY MAINTAINING AN 860 ACRE NATURE RESERVED	NTS ABOUT ECOLOGY	
2	Did the organization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	the prior Yes X	.] No
3	If 'Yes,' describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services.	vices? Yes X] No
4	If 'Yes,' describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	by expenses Section 501 d allocations to others, the	(c)(3) total
4 a	(Code) (Expenses \$ 579,227. including grants of \$) (SEE SCHEDULE 0	-)
			.
41	CONSERVATION - FROM OUR 860-ACRE WATERSHED RESERVE IN HOPEWELL TO THE REGION, VOLUNTEERS AND STAFF ARE ENGAGED IN PROJECTS THAT PRONATURAL HABITATS. WE HAVE ALSO HELPED "GROW" OTHER IMPORTANT REGOVER THE YEARS. IN THE 1980'S, WE HELPED LAUNCH THE D&R GREENWAY	TECT AND RESTORE IONAL ORGANIZATIO LAND TRUST AND T ED RESERVE HOSTS ANIC FARM IN THE	NS HE THE
4.	EQUCATION - THE WATERSHED ASSOCIATION SERVES MORE THAN 10,000 CHI THROUGH NEARLY 400 EDUCATION PROGRAMS AND EVENTS EACH YEAR. OUR APPRECIATION OF THE WONDERS OF NATURE AND EXPLAIN WHAT WE CAN DO ENVIRONMENT. OUR TEACHER WORKSHOPS TRAIN EDUCATORS TO INCORPORATINTO THEIR CURRICULUMS, WHILE ADULT EDUCATION PROGRAMS TEACH STRAENVIRONMENTAL IMPACTS OF YOUR HOME AND BUSINESS. AT OUR NATURE OF DISCOVER AN ASSORTMENT OF EXHIBITS AND A COLLECTION OF SMALL CREATYOURSELF WITH BUTTERFLIES (IN SEASON) AT THE KATE GORRIE MEMORIAL	LDREN AND ADULTS PROGRAMS INSPIRE TO PROTECT OUR E THE ENVIRONMENT TEGIES TO REDUCE ENTER, YOU WILL TURES. SURROUND	THE
4	d Other program services. (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$		
	e Total program service expenses ► 1,335,358.	<u>, </u>	
	1,000,000.		

THE STONY BROOK-MILLSTONE WATERSHED 21-0649717 Form **990** (2009) Page 3 Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? 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 Χ Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II X 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21; 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 Χ 9 Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I 10 Х Yes, complete Schedule D, Part V Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or 11 Χ X as applicable • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI 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 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 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 ۶. Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 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? If Yes, 'complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII Х 12 12 A Was the organization included in consolidated, independent audited financial statement for the tax Yes No Х vear? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional. 12 A 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a X 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* 14b Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 15 Χ

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III

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 $11e^2$ If 'Yes,' complete Schedule G, Part l17

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

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

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

X

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X

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Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		_X_
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		<u>X</u>
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25 a		X
ŧ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20-		¥
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	ļ	<u>X</u>
30	contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R , Part V , line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
D 4 /		Form	- 000	rannas

Form **990** (2009)

Part V: Statements Regarding Other IRS Filings and Tax Compliance

	•			Yes	No			
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 5	4					
t	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		3.73.				
c	Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?	rs and reportable gaming	1c		x			
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 39		ić.	, .			
2 t	olf at least one is reported on line 2a, did the organization file all required federal employmen		2 b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this ret	turn (see instructions)		e ;				
3 <i>a</i>	a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?		3a		Х			
b	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b					
4 a	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	e or other authority over, a financial account)?	4a		Х			
b	olf 'Yes,' enter the name of the foreign country	·	(;	,%`.**;	- 7			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts							
	. Was the organization a party to a prohibited tax shelter transaction at any time during the ta	•	5 a		_ X			
t	${f p}$ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	ter transaction?	5b		<u> X</u>			
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?							
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	and did the organization	6a		X			
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were no deductible?							
7 Organizations that may receive deductible contributions under section 170(c).								
a	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
t	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b	Х				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	thich it was required to file	7c		Х			
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	T & * * * *	1.				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiul benefit contract?	ms on a personal	7e		Х			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7f		X			
	For all contributions of qualified intellectual property, did the organization file Form 8899 as		7 g					
	n For contributions of cars, boats, airplanes, and other vehicles, did the organization file a For		7 h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the nave excess business	پَرَيْنَ سيخير، 8	```\`\ 	<u>, , , , , , , , , , , , , , , , , , , </u>			
9	Sponsoring organizations maintaining donor advised funds.		,		V., " 5 1			
	a Did the organization make any taxable distributions under section 49667		9a					
	Did the organization make any distribution to a donor, donor advisor, or related person?		9b					
	Section 501(c)(7) organizations. Enter		355	(° . 2)	#5 7			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			1			
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ъ		3075 T				
11	Section 501(c)(12) organizations. Enter		3		ا . بر از د از انج			
a	Gross income from other members or shareholders	11 a			6			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	116		1. Co.	, , , , ,			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	of Form 1041?	12a					
Ŀ	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	, ,					
					-			

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

Sec	tion A.	Governing Body and Management					
						Yes	No
1 a	Enter the	number of voting members of the governing body	L		7		
b	Enter the	number of voting members that are independent	L	1Ь 2	7		
2	Did any o officer, di	ifficer, director, trustee, or key employee have a family relationship or a busin rector, trustee or key employee?	ness rel	ationship with any other	2		X
3	Did the o	rganization delegate control over management duties customarily performed l s, directors or trustees, or key employees to a management company or othe	by or u er perso	nder the direct supervisions	3_		Χ_
4		rganization make any significant changes to its organizational documents prior Form 990 was filed?			4		X
5		rganization become aware during the year of a material diversion of the organ	nızatıor	n's assets?	5	}	Х
6	Does the	organization have members or stockholders? SEE SCHEDULE 0			6	X	
7 a	Does the governing	organization have members, stockholders, or other persons who may elect or body? SEE SCHEDULE O	one or n	nore members of the	7 a	Х	
b	Are any	decisions of the governing body subject to approval by members, stockholders	s, or ot	her persons?	7 b	<u>)</u>	X
	the follow	·	ns unde	rtaken during the year by			
	_	rning body?			8a	+	X
	Is there a	nmittee with authority to act on behalf of the governing body? any officer, director or trustee, or key employee listed in Part VII, Section A, w	who car	nnot be reached at the	86		X
	organizat	ion's mailing address? If 'Yes,' provide the names and addresses in Schedule	le O	····	9		X
		Policies (This Section B requests information about policies	s not r	equired by the Intern	al		
Reve	enue Code			· · · · · · · · · · · · · · · · · · ·		TV	T N .
10 a	Does the	organization have local chapters, branches, or affiliates?			10 a	Yes	No X
b	If 'Yes,' o and bran	loes the organization have written policies and procedures governing the activiches to ensure their operations are consistent with those of the organization?	ivities o	f such chapters, affiliates,	101		
11	Has the	organization provided a copy of this Form 990 to all members of its governing	g body l	pefore filing the form?	11	Х	
11 A	Describe	in Schedule O the process, if any, used by the organization to review this Foi	orm 990	SEE SCHEDULE O	ें कि	4 A	
12 a	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13			12 a	X	<u> </u>
ь	Are office to conflic	ers, directors or trustees, and key employees required to disclose annually int ts?	terests	that could give rise	12 t	X	
c	Does the	organization regularly and consistently monitor and enforce compliance with O how this is done SEE SCHEDULE Q	the po	licy? If 'Yes,' describe in	120	X	
13	Does the	organization have a written whistleblower policy?			13		X
14	Does the	organization have a written document retention and destruction policy?			14	X	
15	Did the p persons,	rocess for determining compensation of the following persons include a revie comparability data, and contemporaneous substantiation of the deliberation a	ew and and dec	approval by independent cision?			
а	The orga	nization's CEO, Executive Director, or top management official			15 a	X	<u> </u>
b		icers of key employees of the organization			15t	A ASSOCIATE .	X
	If 'Yes' to	o line 15a or 15b, describe the process in Schedule O (See instructions)				4.5	
16 a		rganization invest in, contribute assets to, or participate in a joint venture or s ring the year?	sımılar	arrangement with a taxab	16 a		X
	in joint v	nas the organization adopted a written policy or procedure requiring the organ enture arrangements under applicable federal tax law, and taken steps to safi th respect to such arrangements?	nization feguard	to evaluate its participati the organization's exemp	on 161		
<u>Se</u> c	tion C.	Disclosures					
17	List the	states with which a copy of this Form 990 is required to be filed $ ightharpoonup NJ$					
18	inspection	of 104 requires an organization to make its Forms 1023 (or 1024 if applicable), in Indicate how you make these available. Check all that apply	, 990, a	nd 990-T (501(c)(3)s only)	availal	ole for	public
	∐ Own	website Another's website X Upon request					
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, an statements available to the public SEE SCHEDULE O							ancial
		e name, physical address, and telephone number of the person who possesse			rganıza	ition	
ı	► COMPT	ROLLER 31 TITUS MILL ROAD PENNINGTON NJ 08534 (609)_	737-3735			

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

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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did no	t compen	sate a	ny (curre	ent o	officer	, dir	ector, or trustee		
(A)	(B)		(c)					(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee	check Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
SEE ATTACHED LIST	0		ř			ated		0.	0.	0.
JAMES_WALTMAN_ EXECUTIVE DIREC	40			Х				116,768.	0.	0.
										-
	<u> </u>			_						
			<u> </u>							

TEEA0107L 11/10/09

(A)	(B)	ley			c)	es,	an	(D)	ipensated El	
Name and Title	Average	Posi	ition			that a	ppły)	1	(E) Reportable	(F) Estimated
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation froi related organizatio (W 2/1099 MISC)	m I amount of other
		!								
	<u> </u>				_					
						ļ 				
						<u> </u>				
	_					_				
1 b Total							•	116,768.		0. 0
 2 Total number of individuals (including but not limite from the organization ► 1 3 Did the organization list any former officer, director 										Yes No
on line 1a? If 'Yes,' complete Schedule J for such ii For any individual listed on line 1a, is the sum of re the organization and related organizations greater t individual	<i>ndıvıdua</i> nortable	al. Pron	mne	nsa	tınn	ann	i oth	er compensation	from	3 X 4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens hedule J	atio <i>I for</i>	n fr	om a	any e <i>rso</i>	unre on	elate	ed organization for	services	5 X
Section B. Independent Contractors			.			. 1			0100.000	
Complete this table for your five highest compensation from the organization	ed inde	pen	deni	t cor	ntra	ctors	s tha	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Name and business addres	s							Description (of Services	(C) Compensation
							_			
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımı	ted	to t	hose	e list	ted a	above) who receiv	ed more than	

rar	t viii Statement of Revenue					
-		*	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
so .	1a Federated campaigns 1a		,	_ :	4	
RES	b Membership dues 1b		,	, ,	•	1
¥31	•	10 050	į	1		' '
S. A.	c Fundraising events. 1c	18,950.	· ,		~ ~	
드	d Related organizations 1d		•		-, , 2 , ,	, , , , , , , , , , , , , , , , , , ,
₹3	e Government grants (contributions) 1 e	26,446.			'	, ~, _, _, _, _, _, _, _, _, _, _, _, _, _,
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS				,	,	•
	f All other contributions, gifts, grants, and	2 076 507		,	14 1	
문티		2,976,507.	,		<i>\$</i> -	,
동의	g Noncash contribns included in Ins 1a-1f. \$		<u> </u>	*	•	
	h Total. Add lines 1a-1f		3,021,903.	į , , , , , , , ;	1	
3		Business Code	١		,	
Z	2a PROGRAM		148,413.	148,413.		
교		-	110, 113.	140,413.		
핒	b					
. ₹	c					
SE	d					
ξ	e					
8	f All other program service revenue			, ,		
PROGRAM SERVICE REVENUE	g Total. Add lines 2a-2f		148,413.	, %	· ,	
			110,110.		-	
	3 Investment income (including dividends, in other similar amounts)	interest and	46,563.			46,563.
	•		- 40,303.			40,303.
	4 Income from investment of tax-exempt be	ona proceeas				
	5 Royalties					
	(i) Real	(ii) Personal	8	, " '2+	14 year 15 1	, , , , ,
	6a Gross Rents 39, 877.		*	,		
- [b Less rental expenses		` ` .	.,	·	ì
	c Rental income or (loss) 39,877.		1.4	,*	·*· * · · · ·	• •
l			39,877.			20 077
	d Net rental income or (loss)		39,011.			39,877.
İ	7 a Gross amount from sales of (i) Securities	(ii) Other		,		()
	assets other than inventory				* , * ,	٬ 🛁
	b Less cost or other basis					,
	and sales expenses			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		," .' '!
	c Gain or (loss)	·		- , ~		, , ,
- 1	d Net gain or (loss)	▶	The state of the s			
1	" '				-	
품	8a Gross income from fundraising events (not including \$ 18,950.		* * ****,	N 18 . 2	بر الم	
OTHER REVEN	of contributions reported on line 1c)		, , , ,		· . ·	1
R.	0 0 11/1 10	131,924.			,	, ,
E E	-			, u	~ '	,
5	b Less direct expenses b	56,717.			<u> </u>	
_	c Net income or (loss) from fundraising eve	ents <u>•</u>	75,207.			75,207.
	9a Gross income from gaming activities See Part IV, line 19		.,	l · · · · · · · · · · ·	,	,
	See Part IV, line 19 a					,
	b Less: direct expenses b					
	c Net income or (loss) from gaming activities	es ►				
				,		
	10a Gross sales of inventory, less returns and allowances	27,418.				
	b Less cost of goods sold b	8,832.	, , , , , , , , , , , , , , , , , , ,			-
			10 506			
	c Net income or (loss) from sales of invent		18,586.			18,586.
	Miscellaneous Revenue	Business Code				
	11a					
	b					
İ	c					
	d All other revenue	- · · ·				
	e Total. Add lines 11a-11d	-	7			
	12 Total revenue. See instructions	►	3,350,549.	148,413.	0.	100 222
	12 Total Teveniue, See Instructions		1 3,330,349.	1 140,413.	<u>U.</u>	180,233.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	,		(B)	(C)	(D)					
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments				192000					
	and organizations in the U.S. See Part IV, line 21	77,708.	77,708.		1000年 1000年 1000年					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members			100000	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
5	Compensation of current officers, directors, trustees, and key employees	116,768.	58,384.	38,533.	19,851.					
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.	741,246.	626,353.	82,409.	32,484.					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)									
9	Other employee benefits.	107,732.	85,997.	13,731.	8,004.					
10	Payroll taxes	71,007.	57,886.	9,724.	3,397.					
11	Fees for services (non-employees)	,	•							
ā	a Management		·							
ł	ı Legal									
(Accounting									
c	Lobbying									
•	Prof fundraising svcs See Part IV, In 17		·- ,5%,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
f	Investment management fees									
ç	g Other									
12	Advertising and promotion	7,299.	5,377.	1,370.	552.					
13	Office expenses	5,881.	5,588.	293.						
14	Information technology									
15	Royalties									
16	Occupancy									
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	54,717.	54,717.							
23	Insurance	52,887.	45,548.	7,339.						
24	Other expenses Itemize expenses not covered above (Expenses grouped together		(图数于47)。 发码的	おり体験がある。						
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
	PROFESSIONAL FEES	200,549.	159,858.	35,191.	5,500.					
	CONSULTING FEES	89,006.	16,468.		72,538.					
	SUPPLIES	35,577.	25,926.	8,208.	1,443.					
	d PRINTING AND PUBLICATIONS	29,042.	19,608.	837.	8,597.					
	e UTILITIES	22,387.	22,387.							
	f All other expenses	95,318.	73,553.	16,485.	5,280.					
25	Total functional expenses Add lines 1 through 24f	1,707,124.	1,335,358.	214,120.	157,646.					
26	Joint costs. Check here ►									

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Form **990** (2009)

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				(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		57,132.	1	52,436.
	2	Savings and temporary cash investments		1,388,108.	2	2,611,933.
	3	Pledges and grants receivable, net		1,361,660.	3	1,612,354.
	4	Accounts receivable, net	ļ		4	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trustees, key employees, Il of Schedule L		5	
	6	Receivables from other disqualified persons (as defin	ed under section 4958(f)(1))		47 °	
		and persons described in section 4958(c)(3)(B) Com	olete Part II of Schedule L		6	
ASSETS	7	Notes and loans receivable, net			7	
Ē	8	Inventories for sale or use		12,916.	8	10,959.
Ś	9	Prepaid expenses and deferred charges		8,716.	9	6,937.
	10 a	Land, buildings, and equipment cost or other basis	10a 4,123,465.	7.5 F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, ,,	33.4
		Complete Part VI of Schedule D			2	
	Ь	Less accumulated depreciation	10b 670,823.	3,057,634.	10 c	3,452,642.
	11	Investments - publicly-traded securities			11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11	1,431,655.	15	1,565,481.	
	16	Total assets Add lines 1 through 15 (must equal line	34)	7,317,821.	16	9,312,742.
	17	Accounts payable and accrued expenses		64,636.	17	179,677.
	18	Grants payable		18		
	19	Deferred revenue		19		
L	20	Tax-exempt bond liabilities		20		
B	21	Escrow or custodial account liability Complete Part I	V of Schedule D		21	
L L T	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees, key employees, rsons Complete Part II		ؙ ؞ ؞ ؞ ؞ ؞ ؞ ؞ ؞ ؞ ؞ ؞ ؞ ؞ ؞ ؞ ؞ ؞ ؞ ؞	
1		of Schedule L			22	
E S	23	Secured mortgages and notes payable to unrelated the	nird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		64,636.	26	179,677.
N E T		Organizations that follow SFAS 117, check here ► 27 through 29 and lines 33 and 34.	X and complete lines			
Ą	27	Unrestricted net assets		2,241,239.	27	2,799,619.
ASSET'S		Temporarily restricted net assets		716,124.		828,358.
Š	29	Permanently restricted net assets		4,295,822.	29	5,505,088.
O R		Organizations that do not follow SFAS 117, check he	ere > and complete	- 5 17 1 5	25	4.
FUZD		lines 30 through 34.	and complete		[جاز لعقد عد	
Ď	30	Capital stock or trust principal, or current funds			30_	
B	31	Paid-in or capital surplus, or land, building, and equip			31	
Ą	32	Retained earnings, endowment, accumulated income	, or other funds		32	
あるしる さいほの	33	Total net assets or fund balances		7,253,185.	33	9,133,065.
Š	34	Total liabilities and net assets/fund balances		7,317,821.	34	9,312,742.

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•		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other	121	46	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	4		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both	* *		
X Separate basis Consolidated basis Both consolidated and separate basis		100	77.
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ъ		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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. ► See separate instructions.

Open to Publicationspection 2

OMB No 1545-0047

Name of the organization Employer identification number THE STONY BROOK-MILLSTONE WATERSHED ASSOCIATION 21-0649717 Part 🔛 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 11, 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) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (1) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (i) Name of Supported Organization (iii) Type of organization (iv) Is the (v) Did you notify (vii) Amount of Support (i) listed in your governing document? organization in col (i) organized in the US? (described on lines 1-9 above or IRC section nization in col the organization in col (i) of your support? (see instructions) Yes Yes No Yes No No

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

Schedule A (Form 990 or 990-EZ) 2009

	dule A (Form 990 <u>or 990-EZ) 200</u>			LISTONE WATE		21-064971	
Par	till Support Schedule for				(b)(1)(A)(iv) an	d 170(b)(1)(A)	(vi)
	(Complete only if you check	ed the box on line	5, 7, or 8 of Par	t1)		-	
	tion A. Public Support		,	1 .	1	1	
Cale begi	ndar year (or fiscal year ining in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include unusual grants ')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc (see in	structions)			12	
13	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3) ▶ □
Sec	tion C. Computation of Pu	blic Support P	Percentage				
	Public support percentage for 20		.,	ne 11, column (f)		14	%
15	Public support percentage from	2008 Schedule A,	, Part II, line 14			15	%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pul	I not check the bo blicly supported o	ox on line 13, and organization	d the line 14 is 33	-1/3 % or more, o	check this box
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a put	l not check a box blicly supported o	on line 13, or 16a organization	a, and line 15 is 3	3-1/3% or more,	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explain in Par	t IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-and-circumstances'	and-circumstance test The organi	s' test, check this ization qualifies a	box and stop he s a publicly suppo	re. Explain in Pai orted organization	t IV how the . □
18 BAA	Private foundation. If the organ	ization did not che	eck a box on line,	, 13, 16a, 16b, 17			nstructions ► ☐ 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 THE STONY BROOK-MILLSTONE WATERSHED Part III A Support Schedule for Organizations Described in Section 509(a)(2) (Complete, only if you checked the box on line 9 of Part I)

Sect	ion A. Public Support							
	dar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	1,616,040.	1,711,577.	1,648,370.	2,871,573.	3,153,827.	11,001,387.	
_	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	259,787.	322,528.	149,711.	164,230.	175,831.	1,072,087.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513				101/200.	. 170,001.	0.	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
6	Total. Add lines 1 through 5	1,875,827.	2,034,105.	1,798,081.	3,035,803.	3,329,658.	12,073,474.	
7 a	Amounts included on lines 1, 2, 3 received from disqualified	0.	65,232.	62,860.	581,670.	523,200.	1,232,962.	
b	persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the	0.	03,232.	02,800.	361,670.	323,200.	1,232,902.	
	year	0.	0.	0.	0.	0.	0.	
С	Add lines 7a and 7b	0.	65,232.	62,860.	581,670.	523,200.	1,232,962.	
8	Public support (Subtract line	St. Aug. Aug.				温性强- 点		
	7c from line 6)			地震消失多元	2000年100年	數。以於於來用	10,840,512.	
	tion B. Total Support	1	.	T	1	Т		
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
-	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	451,437.	2,034,105.		128,590.		1.056.476	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	431,437.	171,993.	218,016.	128,590.	86,440.	1,056,476.	
c	Add lines 10a and 10b	451,437.	171,993.	218,016.	128,590.	86,440.	1,056,476.	
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	3,944.	14,928.				18,872.	
	Total support. (add ins 9, 10c, 11, and 12)						13,148,822.	
	First five years. If the Form 990 organization, check this box and		ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c))(3) ► □	
	tion C. Computation of Pu							
15	Public support percentage for 2	009 (line 8, colum	n (f) divided by li	ne 13, column (f))	15	82.4%	
_16	Public support percentage from					16	84.1%	
Sec	tion D. Computation of Inv	vestment Inco	me Percentag	е				
17	Investment income percentage	for 2009 (line 10c	, column (f) dıvıdı	ed by line 13, colu	umn (f))	17	8.0%	
18	18 Investment income percentage from 2008 Schedule A, Part III, line 17							
19 <i>a</i>	a 33-1/3 support tests – 2009. If the more than 33-1/3%, check this	organization did no box and stop here	t check the box on The organization	line 14, and line 15 in qualifies as a p	is more than 33-1/3 sublicly supported	3%, and line 17 is n organization	ot ► X	
t	33-1/3 support tests — 2008. If is not more than 33-1/3%, chec	the organization d k this box and st o	lid not check a bo p here. The orga	ox on line 14 or 19 nization qualifies	Pa, and line 16 is as a publicly supp	more than 33-1/39 ported organization	%, and line 18	
20	Private foundation. If the organ	nization did not ch	eck a box on line	14, 19a, or 19b,	check this box an	d see instructions	▶	
RΔΔ			TTE 40403	02/15/10	9,	shadula A (Earm (990 or 990-EZ) 2009	

Scheanle	: A (Form	990 o	r 990-	EZ) 20	09 :	Γ HE	STON	Y :	BRC	OK-	-MI	LLS	TONE	E WA	ATER:	SHED		21	-064	9717		Pa	age 4
Partily	S F	upp art	leme	ntal e 17a	Inforr a or 1	natio 7b: a	n. C	omple Part III	te . lır	this	ра 12. I	rt to Prov	p pr	ovide anv	the oth	expl er ad	lanation dition	ons re	quire	d by	Part I	l, line	10;	
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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009
Open to Publication 1

Department of the Treasury Internal Revenue Service

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities),	If the o	rganization answered	'Yes,'	to Form 990,	Part IV,	line 4.	or Form	990-EZ,	Part VI	line 47	(Lobb	vinc	a Activities)	. th
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- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

		rganizations Complete Part III	men		
Name	of organization			Employer identifi	cation number
THE	STONY BROOK-MILLS	TONE WATERSHED		21-06497	17
Pär	t⊮-A⊮ Complete if the or	ganization is exempt under section	on 501(c) or is a s	section 527 organ	ization.
1	Provide a description of the	organization's direct and indirect political c	ampaign activities in	Part IV	
2	Political expenditures			•	\$
3	Volunteer hours				
Par	t I:B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	•	\$0.
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	-	\$0.
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
t	If 'Yes,' describe in Part IV				
Par	t I-C Complete if the or	rganization is exempt under section	on 501(c), except	t section 501(c)(3).
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt functio	n activities -	\$
2	Enter the amount of the filing function activities	g organization's funds contributed to other	organizations for sec		\$
3	Total of exempt function exp line 17b	enditures Add lines 1 and 2 Enter here a	nd on Form 1120-PO	L, ▶	\$
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	made For each organization	and employer identification number (EIN) listed, enter the amount paid from the filinger ere promptly and directly delivered to a se (PAC). If additional space is needed, pro-	ng organization's fund	ds. Also enter the amo	ount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0
				-	
			·		

chedule C (Form 990 or 990-EZ) 2009 THE	STONY BROOK-MILLSTONE	WATERSHED	21-0649717	Page 2
Part II-A Complete if the or section 501(h)).	ganization is exempt under	section 501(c)(3) and	d filed Form 5768 (election un	der
A Check ► Lif the filing orga	nization belongs to an affiliated gro	un		

Section 501(11)).				
⊢		igs to an affiliated group			
B Check ► If the filir	ng organization checl	ked box A and 'limited coi	ntrol' provisions apply		·
(The term	Limits on Lobbying 'expenditures' mean	j Expenditures — s amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditi	ures to influence pub	lic opinion (grass roots lo	bbying).		
b Total lobbying expendition	ures to influence a le	gislative body (direct lobb	ying).		
c Total lobbying expenditi	ures (add lines 1a an	d 1b)			
d Other exempt purpose e	expenditures				
e Total exempt purpose e	xpenditures (add line	es 1c and 1d)			
f Lobbying nontaxable an both columns	nount Enter the amo	ount from the following tab	ole in		
If the amount on line 1e, col	umn (a) or (b) is.	ne lobbying nontaxable a	mount is		
Not over \$500,000	2	0% of the amount on line 1e.			
Over \$500,000 but not over \$1	,000,000	100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$	\$1,500,000	175,000 plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over \$	\$17,000,000	225,000 plus 5% of the excess of	over \$1,500,000		
Over \$17,000,000	9	1,000,000			
g Grassroots nontaxable a	amount (enter 25% o	f line 1f).			
h Subtract line 1g from lin	ne la Ifzero oriess,	enter -0-			
i Subtract line 1f from lin	e 1c If zero or less,	enter -0-			
j If there is an amount of	her than zero on eith	per line 1h or line 1: did t	he organization file Fo	orm 4720 reporting	
section 4911 tax for this	year?		ne organization me re		Yes No
(Som	e organizations that	-Year Averaging Period Umade a section 501(h) elebelow. See the instruction	ection do not have to	complete all of the five gh 2f.)	
	Lobby	ing Expenditures During	4-Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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Schedule C (Form 990 or 990-EZ) 2009

	(a)	(1	o)(o	
	Yes	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
a Volunteers?	X				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			7	
c Media advertisements?	X			1,60	00.
d Mailings to members, legislators, or the public?	X			2,90	00.
e Publications, or published or broadcast statements?	X			4,04	41.
f Grants to other organizations for lobbying purposes?	X			1,00	٥٥.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X			11,02	29.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X				
i Other activities? If 'Yes,' describe in Part IV		X			
j Total Add lines 1c through 1i	1 4 4	٠,١,٠		20,57	70.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	Sitie .	در به در د کوفر ید	<i>-</i>
b If 'Yes,' enter the amount of any tax incurred under section 4912	180	\$ 18 B			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		X	The Carlotte	الأند فكي ر	4 : `- 4
Part III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5)), or s	section 50)1(c)(6	<u>5).</u>
				, , ,	
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

	· •	
1	Dues, assessments and similar amounts from members	1
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a	Current year	2a
b	Carryover from last year	2 b
c	: Total	2 c
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5	Taxable amount of lobbying and political expenditures (see instructions)	5
Par	tখv 🖟 Supplemental Information	
	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Pai, complete this part for any additional information	t II-B, line 1i

2cuedins r (Lorm aan or aan-fr) 500a THE 2TOMI DROOK-MITTP2TOME MATEK2HED	21-0049/1/	Page 4
Part Was Supplemental Information (continued)		
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SCHEDULE D (Form 990).

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,

OMB No 1545-0047 Open to Public ? Inspection Employer Identification number

Name of the organization

Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
Attach to Form 990. ► See separate instructions

THE STONY BROOK-MILLSTONE WATERSHED ASSOCIATION 21-0649717 Partারী Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 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 Year a Total number of conservation easements 2a 3 2ы 145 b Total acreage restricted by conservation easements 2 c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No SEE PART XIV Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(i)? In Part XIV, 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 1 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 **-**\$ ►\$ (ii) Assets included in Form 990, Part X 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 SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990. Part X

			LLSTONE W				21-064			Page 2
Part III Organizations Maintai	ning Colle	ctions	of Art, Histo	orica	l Treasures, o	r Other S	Similar Ass	ets (c	ontını	ied)
3 Using the organization's acquisition items (check all that apply)	on accession	and oth	er records, che	ck an	y of the following	that are a	significant us	e of its	collecti	on
a Public exhibition			d 🗌 Loan	or ex	change programs					
b Scholarly research			e Other							
c Preservation for future generation	ations		_		· · · · · · · · · · · · · · · · · · ·					
4 Provide a description of the organ Part XIV								se in		
5 During the year, did the organizar assets to be sold to raise funds r.	tion solicit or ather than to	receive be mair	donations of ar tained as part	t, his of the	orical treasures, organization's co	or other sir	mılar	Yes		No
Part IV Escrow and Custodial	Arrangen	ents (Complete if c	orgar	iization answe	red 'Yes'	to Form 99	90, Pa	rt IV,	line
9, or reported an amou										
1a is the organization an agent, trus included on Form 990, Part X?	tee, custodia	n, or oth	ner intermediary	for d	ontributions or otl	her assets	not [Yes		No
b If 'Yes,' explain the arrangement	in Part XIV a	and com	plete the follow	ıng ta	ble					
								Amount		
c Beginning balance						1c		-		
d Additions during the year						1 d	-			
e Distributions during the year						1 e				
f Ending balance						1f				
2a Did the organization include an a	mount on Fo	rm 990.	Part X. line 217	7				Yes		No
b If 'Yes,' explain the arrangement		ŕ	, ,				I		L	٦٠
Part V Endowment Funds Cor		rganiza	ation answer	ed '\	es' to Form 90	90 Part	IV line 10			
	(a) Current		(b) Prior yea		(c) Two years bac		hree years back	(6)	our year	s hark
1 a Beginning of year balance	1,431,		2,070,4		(c) 1110 Joans 200	(a)		1	du year	2, 54.4
b Contributions		,000.	2,010,3	· /	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	350 Sept. 150 Se		a Edition	es reco	ingle 's
		, 000.				2304 12-7-89 1	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1 2		And the second
c Net Investment earnings, gains, and losses	279,	,907.	-537,4	93.					N. A	
d Grants or scholarships					- C E					W. 34
Other expenditures for facilities and programs	396,	,080.	101,3	344.						
f Administrative expenses					15 18 W - 18 12	<u> </u>		1, 19.43	<u> </u>	
g End of year balance	1,565,		1,431,6	54.	(* T.) * (* * * * * * * * * * * * * * * * *	<u>} : ' </u>	,	100	77	<u> </u>
2 Provide the estimated percentage	of the year	end bala	ance held as							
a Board designated or quasi-endow	/ment ►		8							
b Permanent endowment ►	*		- 							
c Term endowment ►	8									
3. Are there endowment funds not a			h	414						
3a Are there endowment funds not a organization by	n the posses:	SION OF I	ne organization	tnat	are neid and adm	inisterea to	or the		Yes	No
(i) unrelated organizations								3a(i)		X
(ii) related organizations								3a(ii)		X
b If 'Yes' to 3a(II), are the related of	organizations	listed as	required on Si	chedu	le R?			3b		
4 Describe in Part XIV the intended	duses of the	organiza	ation's endowm	ent fu	nds					
Part VI Investments-Land, B	uildings, a	nd Equ	uipment. See	e Foi	m 990, Part X	, line 10.				
Description of investment		(a) Cost	or other basis vestment)	(b	Cost or other basis (other)	(c) Acc	umulated eciation	(d) E	Book V	alue
1a Land			,		2 134 077		1 1	2	134	077

Part VI Investments–Land, Buildir	ngs, and Equipment. See	Form 990, Part X	l, line 10.	·
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land		2,134,077.	14 2 1 3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2,134,077.
b Buildings		1,717,178.	505,717.	1,211,461.
c Leasehold improvements				
d Equipment		219,740.	129,889.	89,851.
e Other		52,470.	35,217.	17,253.
otal. Add lines 1a through 1e (Column (d) n	nust equal Form 990 Part X c	rolumn (B) line 10(c)	P	3 452 642

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 THE STONY BROOK-I			9717 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuate Cost or end-of-year mark	on et value
Financial derivatives		Cost of end-or-year mark	et value
Closely-held equity interests			
Other			
	_		
	_		
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)		- 21	*
Part VIII Investments-Program Related (See	Form 990, Part X, lin	ne 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuat	ion
		Cost or end-of-year mark	et value
	-		
			· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
T. 1. (6.4 d.) 15 000 D. (7. 0.4 (D.) 4.10.)			1
Total (Column (b) must equal Form 990, Part X, Col (B) line 13) Part IX Other Assets (See Form 990, Part X			^
<u> </u>	Description		(b) Book value
		-	
Total. (Column (b) must equal Form 990, Part X, col (B)	, line 15)	-	1,565,481.
Part X Other Liabilities (See Form 990, Part	rt X, line 25)		
(a) Description of Liability	(b) Amount		ř.
Federal Income Taxes			
			a second
		-	
			
			* * * * * * * * * * * * * * * * * * * *
			,
Total (Column (b) must equal Form 990, Part X, col (B) line 25)			- \^
2. FIN 48 Footnote In Part XIV, provide the text of the for uncertain tax positions under FIN 48.	potnote to the organization	's financial statements that reports the	e organization's liability

Schedule D (Form 990) 2009 THE STONY BROOK-MILLSTONE WATERSH		1-0649717	Page
Part XI Reconciliation of Change in Net Assets from Form 990 to	Financial Statements	1 3	250 540
1 Total revenue (Form 990, Part VIII, column (A), line 12)			350,549.
2 Total expenses (Form 990, Part IX, column (A), line 25)			707,124
3 Excess or (deficit) for the year Subtract line 2 from line 1			643,425
4 Net unrealized gains (losses) on investments			236,455
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV)			226 455
9 Total adjustments (net) Add lines 4 through 8	2 12		236,455
10 Excess or (deficit) for the year per audited financial statements. Combine lines			879,880
Part XII Reconciliation of Revenue per Audited Financial Stateme	ents with Revenue per R		CEO EEO
1 Total revenue, gains, and other support per audited financial statements		3,0	652,553
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1		
a Net unrealized gains on investments	2a 236,455	433	
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2c	433	
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d.			236,455
3 Subtract line 2e from line 1	1 1	3 3,	416,098
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV) SEE PART XIV	4b -65,549	. 2.6	
c Add lines 4a and 4b			-65,549
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	·		350,549
Part XIII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses pe	r Return	
1 Total expenses and losses per audited financial statements		1 1,	772,673
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		2 mm 4 2 mm 4 2 mm 4	
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIV) SEE PART XIV	2d 65,549	.]*	
e Add lines 2a through 2d		2e	65,549
3 Subtract line 2e from line 1			707,124
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		3051	,
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b	70	4c	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18	2.		707,124
Part XIV Supplemental Information	• ,		101,124
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2 information PART II, LINE 5 - SUMMARIZED POLICY	Part III, lines 1a and 4, Part IV d and 4b Also complete this p	V, lines 1b and 2b part to provide any	o, Part V, y additiona
		- 	
THE ORGANIZATION'S BOARD OF TRUSTEES ADOPTED A PO	LICY ON MONITORING	AND ENFORCE	EMENT
OF CONSERVATION EASEMENTS PREPARED BY THE LAND TR	UST ALLIANCE. THE	POLICY ADDR	RESSES
FUNDING STRATEGIES, MONITORING, PROTECTION AS NEC	ESSARY, RELATIONSHI	PS WITH	
LANDOWNERS, AND BACK-UP PLANS FOR UNFORESEEN CIRC	UMSTANCES OR CHANGE	S THAT MAY	AFFECT
THE EASEMENT OR ITS OWNERSHIP IN THE FUTURE.			
·			
DAA			

Schedule D (Form 990) 2009 THE STONY BROOK-MILLSTONE WATERSHED Part XIM Supplemental Information (continued)	21-0649717	Page 5
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Rublic, Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Name of the organization THE STONY BROADSOCIATION	OOK-MILLSI	ONE WA	TERSHEI)		Employer identification 21-064971	
Fundraising Activities. Comp Part Form 990EZ filers are not red	olete if the orga	nization ar	nswered 'Y	es' to Form 990, Part I	IV, line 1	7	·
Indicate whether the organization X Mail solicitations X Internet and email solicitation Phone solicitations X In-person solicitations 2a Did the organization have written employees listed in Form 990, Pa b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the solicitations.	raised funds the s or oral agreement VII) or entity individuals or en	ent with ar in connect	of the follows of the	owing activities Check X Solicitation of non- X Solicitation of gove X Special fundraising al (including officers, drofessional fundraising	all that government gernment gevents lirectors, services	apply. nent grants grants trustees or key ?	☐ Yes X No
(i) Name of individual or entity (fundraiser)	(ii) Activity	nave custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or r	nount paid to etained by) aiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
	-						
		ļ					
		ļ					
		<u> </u>					
		-					
		-					
							
Total 3 List all states in which the organization	zation is regista	red or lice	► nsed to sa	light funds or has har-	notified.	it is over-1 for	O.
or licensing N.T							om registration
							-
							
		-					

Schedule G (Form 990 or 990-EZ) 2009 THE STONY BROOK-MILLSTONE WATERSHED 21-0649717 Page 2 Part 11 Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000. (a) Event #1 (d) Total Events (b) Event #2 (c) Other Events (Add col (a) through col (c)) SPECIAL EVENTS **BUZEN** (event type) (total number) (event type) 150,874 1 Gross receipts 150,874. 2 Less Charitable contributions 18,950 18,950. 131,924 131,924. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes DIRECT 6 Rent/facility costs 7 Food and beverages EXPENSES 8 Entertainment 9 Other direct expenses 56,717. 56,717. 10 Direct expense summary Add lines 4- through 9 in column (d) 56,717. 11 Net income summary Combine lines 3, column (d) and line 10 75,207. Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (c) Other gaming (a) Bingo (d) Total gaming REVESUE (Add col (a) through col (c)) bingo/progressive bingo 1 Gross revenue DIRECT 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7 YES NO 9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? 9a b If 'No,' explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 a b If 'Yes,' explain ٠. Does the organization operate gaming activities with nonmembers? 11

administer charitable gaming?

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

12

Scredule G (Form 990 or 990-EZ) 2009 THE STONY BROOK-MILLSTONE WATERSHED	21-0649/1	<u>. 7</u> F	Page 3
	1 1	YES	NO
13 Indicate the percentage of gaming activity operated in			1 2 3
a The organization's facility	13a %		
b An outside facility	136 %		
14 Enter the name and address of the person who prepares the organization's gaming/special eve	nts books and records		716
			7
Name •			**************************************
		- 123	
Address -			
15a Does the organization have a contact with a third party from whom the organization receives ga	5	15a	ļ
b If 'Yes,' enter the amount of gaming revenue received by the organization \$	and the amount		
of gaming revenue retained by the third party \$			28
c If 'Yes,' enter name and address of the third party			
Name			
		4 4 4	
Address			,
			7, -
16 Gaming manager information			337
Name			
Gaming manager compensation ► \$			3 (, , , , , , , , , , , , , , , , , ,
		2. 4	
Description of services provided			763973
		建设	1
Director/officer Employee Independent contractor			
17 Mandatory distributions			13.
a Is the organization required under state law to make charitable distributions from the gaming p	roceeds to retain the		
state gaming license?		17a	
b Enter the amount of distributions required under state law to be distributed to other exempt org	janizations or spent in the		
organization's own exempt activities during the tax year ► \$		(4) (4) (1)	1. 333
BAA TEEA3703L 02/05/10	Schedule G (Form 99	0 or 990-EZ	2009

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Part 1 General Information on Grants and Assistance

THE STONY BROOK-MILLSTONE WATERSHED

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009

OMB No 1545-0047

)	Open (O Públic)	
		1
		١.

Employer identification number 21-0649717 ° |

1 Does the organization maintain records to substantiate the amount of the grants or assistance, and [X] Yes [X]	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form	990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and he selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. II. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Ye 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Dart IV, and Schedule I.1 (Form 990) if additional space is needed.	Yes [to Form Jse
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. [Part II] Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use		Dart IV and Schedule 1.1 (Form 990) if additional space is peeded	

Part IV and Schedule I-1 (Form 990) if additional space is needed	orm 990) if additi	ceived filore un ional space is r	needed	1 200 011 11 000 611	copient received	1101 ¢ (11811 ¢),00	
T (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERGEN SAVE THE WATERSHED ACTION							STORMWATER
WESTWOOD, NJ 07675	22-2957403		5,500.	0			MANAGEMENT
GREAT SWAMP WATERSHED ASSOCIATIO							SILVER BROOK
PO BOX 300							RESTORATION/ADV
NJ 07976	22-2403906		18,115.	0.			OC. PROG
HACKENSACK RIVERKEEPER, INC.							LITTER OUTREACH
231 MAIN STREET	-				•		AND EDUCATION
7601	22-3530496		5,234.	0.			PROGRAMS
MUSCONETCONG WATERSHED ASSOCIATI							WATER QUAL.
PO BOX 113							MONITORING/RIVE
08802	22-3199292		9,750.	0			R COUNCIL
PEQUANNOCK RIVER COLAITION							INTERACTIVE
i							TRAIL/CUTTING
D, NJ 07435	22-3408771		10,181	0.			GARDEN
SOUTH BRANCH WATERSHED ASSOCIATI	:						STRATEGIC
41 LILAC DRIVE							PLANNING &
08822	22-6063816		11,263.	0			MONITORING
SOUTH JERSEY LAND AND WATER TRUS							EDUCATIONAL
PO BOX 233							PROGS/ NATURE
NJ 08028	22-3298885		7,505.	0.			WALKS
UNDER \$5,000							
			10,160.	0.			

2 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 21-0649717 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance (c) Amount of cash grant THE STONY BROOK-MILLSTONE WATERSHED (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III

BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ASSOCIATION

Name of the organization THE STONY BROOK-MILLSTONE WATERSHED

Employer identification number

21-0649717

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS
A)_SCIENCE - SCIENCE IS AT THE HEART OF THE WATERSHED ASSOCIATION'S ENVIRONMENTAL
LEADERSHIP. ACROSS THE REGION, WE COLLECT KEY DATA ON THE HEALTH OF OUR STREAMS AND
ON OTHER ENVIRONMENTAL FACTORS. WE DISTRIBUTE THE INFORMATION TO CITIZENS AND
OFFICIALS IN CENTRAL NEW JERSEY, AND WORK WITH THEM TO ADDRESS POLLUTION OF OUR WATER
SUPPLIES AND WATERWAYS. OUR GEOGRAPHIC INFORMATION SYSTEM COMBINES SCIENTIFIC DATA
WITH MAPPING SYSTEMS TO HELP LOCAL GOVERNMENTS AND CITIZENS UNDERSTAND THE
ENVIRONMENTAL ISSUES FACING OUR COMMUNITIES AND HELP PLAN FOR A BETTER FUTURE.
B) ADVOCACY - FOR SIX DECADES, THE WATERSHED ASSOCIATION HAS LED THE FIGHT TO
PRESERVE OUR REGION'S WATER AND LAND. WE ENGAGE LOCAL AND STATE OFFICIALS, URGING
THEM TO STRENGTHEN ENVIRONMENTAL PROTECTIONS, IMPROVE PLANNING AND ZONING, AND MAKE
BETTER INFORMED DECISIONS ABOUT OUR FUTURE. WE WORK COOPERATIVELY
WITH LOCAL TOWNS THROUGH OUR PROJECT FOR MUNICIPAL EXCELLENCE, AND SPEAK OUT AGAINST
DEVELOPMENT PROPOSALS THAT WOULD HARM THE LOCAL ENVIRONMENT AND OUR QUALITY OF LIFE.
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDE
THE WATERSHED ASSOCIATION DEFINES MEMBERS OF THE ORGANIZATION AS INDIVIDUALS,
CORPORATIONS, CLUBS, FOUNDATIONS, GOVERNMENT ENTITIES, AND OTHER ORGANIZATIONS,
ENTITIES, OR GROUPS THAT SUBSCRIBE TO THE PURPOSES OF THE ORGANIZATION AND PAY THE
ANNUAL MEMBERSHIP FEES ASSESSED BY THE ORGANIZATION. MEMBERS ARE ENTITLED TO VOTE
FOR THE ELECTION OF TRUSTEES THAT HAVE BEEN RECOMMENDED BY THE ORGANIZATION'S
NOMINATING COMMITTEE.
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY
MEMBERS OF THE ORGANIZATION VOTE TO ELECT MEMBERS OF THE BOARD OF TRUSTEES, THE
ORGANIZATION'S GOVERNING BODY, UPON THE RECOMMENDATION OF THE ORGANIZATION'S
NOMINATING COMMITTEE.

Schedule O (Form 990) 2009	Page 2
Name of the organization THE STONY BROOK-MILLSTONE WATERSHED ASSOCIATION	Employer identification number 21-0649717
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
MEMBERS OF THE ORGANIZATION'S BOARD OF TRUSTEES REVIEW	THE COMPLETED FORM 990 PRIOR
TO SIGNATURE AND FILING.	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND EN	NFORCEMENT OF CONFLICTS
TRUSTEES MUST ANNUALLY ACKNOWLEDGE IN WRITING THEIR ACC	EPTANCE OF THIS POLICY. AS
PART OF THIS PROCESS, TRUSTEES ARE PROVIDED WITH A FORM	WHERE THEY CAN EITHER AFFIRM
THAT THEY HAVE NO INTEREST, DIRECT OR INDIRECT, IN CONF	LICT WITH THE WATERSHED'S
INTEREST OR IDENTIFY ANY INTERESTS THAT HAVE THE POTENT	TIAL FOR CONFLICT.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PU	BLICLY AVAILABLE
UPON REQUEST	
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2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

THE STONY BROOK-MILLSTONE WATERSHED ASSOCIATION

21-0649717

8/19/10

CLIENT 12897

10 46AM

PART III,	LINE 12	- OTHER	INCOME
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NATURE AND SOURCE	2009	2008	2007	2006	2005
OTHER INCOME TOTA	T. S 0	\$ 0	\$ 0	14,928. 5 14 928	3,944.

2009

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

THE STONY BROOK-MILLSTONE WATERSHED

CLIENT 12897

ASSOCIATION

21-0649717

8/19/10

10 46AM

SCHEDULE D. PART XII, LINE 4B OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

COST OF GOODS SOLD NETTED ON 990 SPECIAL EVENTS EXPENSES NETTED ON 990

-8,832. -56,717. -65,549. TOTAL \$

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

COST OF GOODS SOLD NETTED ON 990 SPECIAL EVENTS EXPENSES NETTED ON 990

8,832. 56,717. 65,549. TOTAL \$