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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

2011

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u> </u>	For the 2	orr calen	dar year, or tax year beginning, 2011, and ending	9		,		
В	Check if app	olicable	C	D	Employer Ide	entification Number		
	Address	s change	THE STONY BROOK-MILLSTONE WATERSHED		21-064	10717		
	$\vdash$	-	ASSOCIATION	⊢				
	Name	change	31 TITUS MILL ROAD	5	E Telephone number			
	Initial	return			(609)	737-3735		
	Termin	ated	PENNINGTON, NJ 08534-4303		<u> </u>			
	$\vdash$			۔ ا		A 2 627 407		
	H Amend	led return			Gross receipt	<del></del>		
	Applica	ation pending	F Name and address of principal officer	<b>H(a)</b> Is this a g	roup return for	affiliates? Yes X No		
			SAME AS C ABOVE		iliates included			
$\overline{}$	Tax-exen	npt status	X 501(c)(3) 501(c) ( )    (Insert no.) 4947(a)(1) or 527	If 'No,' atta	ach a list (see	instructions)		
÷	Websit		THE PROPERTY OF THE PROPERTY O			_		
<u></u>					mption number			
<u>K</u>		organization	X Corporation Trust Association Other ► L Year of Formation	on 1949	M State	of legal domicile NJ		
Pa		<u>Summar</u>	у					
	1 Bri	efly descri	be the organization's mission or most significant activities THE WATER	RSHED AS	SSOCIAT	ION PROTECTS		
4	CI	EAN WA	TER AND THE ENVIRONMENT, ADDRESSES KEY ISSUES	A FFFCTT	NC WATE	D UIVI LAK VIIV		
č	<u>م</u> حد 7 7	AENTAL INS	ADDICATE AND AUGUSTANDE AND TOUR POOL OF THE PROPERTY OF THE P	ロイエアスイン	NG NOTO	I/ AGUTTT - UMP		
Activities & Governance			EDUCATES_AREA RESIDENTS_ABOUT_ECOLOGY_AND_PR		_05FN-2	PALE BY		
/er			ING AN _930					
ó	2 Ch	eck this bo	ox > If the organization discontinued its operations or disposed of mor	re than 25%	6 of its net	assets.		
ox I			iting members of the governing body (Part VI, line 1a)		3	25		
S.	4 Nu	mber of in	dependent voting members of the governing body (Part VI, line 1b)		4			
Ę.	<b>5</b> Tot	tal number	of individuals employed in calendar year 2011 (Part V, line 2a)		5			
<u>₹</u>			of volunteers (estimate if necessary)		6			
¥c			ed business revenue from Part VIII, column (C), line 12		7			
			business taxable income from Form 990-T. line 34		-			
	D IVE	unrelated	business taxable income from Form 990-1, line 34					
					or Year	Current Year		
6	<b>8</b> Co	ntributions	and grants (Part VIII, line 1h)	1,	791,252	. 3,177,304.		
ž	<b>9</b> Pro	ogram serv	rice revenue (Part VIII, line 2g)		145,936	. 165,375.		
Revenue	<b>10</b> Inv	estment in	come (Part VIII, column (A), lines 3, 4, and 7d)		43,579			
æ			e (Part VIII, column (A), lines 5, 6d, 8c, 9ct 10c, and the)	ተ -	149,711			
	12 Tot	ol revenu	and three 8 through 11 (must some Box VIII But VIII					
$\overline{}$	12 101	arrevenue	- add lines 8 through 11 (must equal Par VIII, column (A), line 12)		130,478			
			milar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), lines 1-3)	<u> </u>	85,498	. 87,188.		
	<b>14</b> Be	nefits paid	to or for members (Part IX, column (A), line(4) 1111 3 0 2012	31				
	<b>15</b> Sa	laries, othe	er compensation, employee benefits (Part IX polumn (A), lines 5-10)	$\frac{1}{1}$	040,778	. 1,024,438.		
es			fundraising fees (Part IX, column (A), line 11e)	<del>*  -/-</del>	0.107.70	1/021/1001		
<u>د</u>				<u> </u>				
Expenses	<b>b</b> Tot	al fundrais	sing expenses (Part IX, column (D), line 25	J				
ű	17 Oth	ner expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		535,465	. 439,574.		
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)					
					661,741			
_	<b>19</b> Re	venue less	expenses Subtract line 18 from line 12		<u>468,737</u>			
5 8					of Current Yea			
10	<b>20</b> Tot	al assets (	(Part X, line 16).	9,	792,138	. 11,759,898.		
\$ <u>0</u>	<b>21</b> Tot	al Irabilitie	s (Part X, line 26)		33,467			
Net Assets Fund Baland	<b>22</b> Net	accate or	fund balances Subtract line 21 from line 20	9	758,671			
		Signatur		<u> </u>	730,071	.] 11,710,405.		
Unde	er penalties plete Decla	of perjury, I de	eclare that I have examined this return, including accompanying schedules and statements, and to t arer (other than officer) is based on all information of which preparer has any knowledge	he best of my l	knowledge and	belief, it is true, correct, and		
		lk						
1					7/2	4112		
Sig	n	Signatu	re of officer	Date	1	'/		
He	re	IMAT.	ES WALTMAN	FYFCUT	IVE DIR	FCTOR		
3	_		print name and title	LALCOI	IVE DIN	LECTOR		
<u></u>		<u> </u>		<del>/                                    </del>		DTIN		
		1	reparer's name Préparer's sugnature Date	/ .	neck ıf	PTIN		
Pai	d	MICHAE	LD. LACATENA MICHALLY DU LACATENA / ////	//み  se	If-employed	P00294921		
	parer	Firm's name						
์ปร	Only	Firm's addre		<del></del>	rm's EINI ► 2	2-2569347		
5		i iiii s audre	——————————————————————————————————————					
<del>-</del>	11. 15.5	<u> </u>	HADDONFIELD, NJ 08033	Ph	none no (8	56) 795-9650		
			is return with the preparer shown above? (see instructions)			X Yes No		
BA	A For Pa	perwork R	eduction Act Notice, see the separate instructions.	A0113L 08/18	/11	Form <b>990</b> (2011)		

	990 (2011) THE STONY BROOK-MILLSTONE WATERSHED	21-064971	<u>/</u>	Page <b>2</b>
Pa	Statement of Program Service Accomplishments			
	Check if Schedule O contains a response to any question in this Part III			X
1	Briefly describe the organization's mission:			
	THE WATERSHED ASSOCIATION PROTECTS CLEAN WATER AND THE ENVIRONMENT	NT. ADDRESSI	ES KEY	
	ISSUES AFFECTING WATER QUALITY AND LAND USE, EDUCATES AREA RESID			,
	AND PRESERVES OPEN SPACE BY MAINTAINING AN 930 ACRE NATURE RESERVENCE.			
	AND TRESERVES OFER SPACE BY MAINTAINING AN 950 ACRE NATURE RESER	/E_AND_ORGAL	ATC LAK	<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed or	n the prior	_	
	Form 990 or 990-EZ?		Yes X	No
	If 'Yes,' describe these new services on Schedule O.	_	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	Yes X	No
	If 'Yes,' describe these changes on Schedule O.			
1	· · · · · · · · · · · · · · · · · · ·		J I	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the ar	ices, as measured	oy expen	ises. ons to
	others, the total expenses, and revenue, if any, for each program service reported.	mount or grants at	na anocati	3/13 (0
4-	(Code (Expenses \$ 616.471, including grants of \$ ) (F			
40				,
	SEE SCHEDULE O			
		<del>_</del>		
		<del></del>		
41		Revenue \$		)
	EDUCATION - THE WATERSHED ASSOCIATION SERVES MORE THAN 10,000 CH	ILDREN AND A	ADULTS	
	THROUGH NEARLY 400 EDUCATION PROGRAMS AND EVENTS EACH YEAR. OUR	PROGRAMS II	NSPIRE	AN
	APPRECIATION OF THE WONDERS OF NATURE AND EXPLAIN WHAT WE CAN DO			
	ENVIRONMENT. OUR TEACHER WORKSHOPS TRAIN EDUCATORS TO INCORPORA			,
	INTO THEIR CURRICULUMS, WHILE ADULT EDUCATION PROGRAMS TEACH STR			
				THE_
	ENVIRONMENTAL IMPACTS OF YOUR HOME AND BUSINESS. AT OUR NATURE (			
	DISCOVER AN ASSORTMENT OF EXHIBITS AND A COLLECTION OF SMALL CREATER		RROUND_	
	YOURSELF WITH BUTTERFLIES (IN SEASON) AT THE KATE GORRIE MEMORIA	L BUTTERFLY	HOUSE.	
40	(Code:) (Expenses \$ 266,348. including grants of \$ ) (F	tevenue \$		)
	CONSERVATION - FROM OUR 930-ACRE WATERSHED RESERVE IN HOPEWELL TO	LOCATIONS	ACROSS	,
	THE REGION, VOLUNTEERS AND STAFF ARE ENGAGED IN PROJECTS THAT PRO			
				NIC -
	NATURAL HABITATS. WE HAVE ALSO HELPED "GROW" OTHER IMPORTANT REG			
	OVER THE YEARS. IN THE 1980'S, WE HELPED LAUNCH THE D&R GREENWAY	<u> LAND TRUS:</u>	<u>r and t</u>	HE_
	NORTHEAST ORGANIC FARMING ASSOCIATION OF NEW JERSEY. OUR WATERS	HED RESERVE	HOSTS_	THE_
	HONEY BROOK ORGANIC FARM, NOW THE LARGEST COMMUNITY-SUPPORTED OR	GANIC FARM	IN THE	
	NATION. THROUGH OUR WATERSHED INSTITUTE, WE HELP BUILD OTHER WAY			oss
			<b>-</b>	
		. <b></b>		
		<b>_</b>		
40	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$ ) (Revenue \$		``	
4	Total program service expenses ► 1, 221, 769.		/	
→ 6	Tydat program service expenses - I/dat, 100.			

4

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		_ <u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		<u> </u>
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	Х	
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, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	:	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	- <del>**</del>	, ·	,
ā	a Did the organization report an amount for land, buildings and equipment in Part X, line 10 <sup>7</sup> If 'Yes,' complete Schedule D, Part VI	11 a	Х	<del></del>
ł	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	11 b		Х
(	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? <i>If 'Yes,' complete Schedule D, Part VIII</i>	11 c		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	11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
f	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	11 f		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	-	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	-	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ł	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 assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15_		Х
16	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, Parts III and IV	16_		Х
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		Х
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		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		L

Form 990 (2011) THE STONY BROOK-MILLSTONE WATERSHED

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 1? 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 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 8	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		х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> 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	25a		X
i	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
	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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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? <i>If</i> 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 (	2011)

Paņ	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V								
				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 5							
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 <b>b</b> 0		i:					
c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 40							
b	If at least one is reported on line 2a, did the organization file all required federal employment	<del></del>	2b	X					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ii								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	· · · · · · · · · · · · · · · · · · ·	3a	Ĭ	Χ				
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O								
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If 'Yes,' enter the name of the foreign country: ▶								
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and F	Inancial Accounts							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	ter transaction?	5 b		Х				
C	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	į	5 c						
6a	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		Х				
b	If 'Yes,' did the organization include with every solicitation an express statement that such condition tax deductible?	ontributions or gifts were	6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and payor?	partly for goods and	7 a	Х					
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	•	7 b	X					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?		7c		Х				
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d	<u> </u>		Ĥ				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		Х				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7 f		X				
	If the organization received a contribution of qualified intellectual property, did the organization			-					
	as required?		<u>7g</u>						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	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	8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?		9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9 b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	[ 10 ь ]							
11	Section 501(c)(12) organizations. Enter.	1							
а	Gross income from members or shareholders .	11 a		Í					
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11 6							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a						
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b							
	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note. See the instructions for additional information the organization must report on Schedu	ile O							
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans .	13 ь							
c	Enter the amount of reserves on hand .	13c							
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х				
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b						

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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 25 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 1 h 25 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х SEE SCHEDULE O 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? SEE SCHEDULE Q members of the governing body? X 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? . 8a Х b Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done

SEE SCHEDULE O SEE SCHEDULE O 12 c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Х 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? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers of key employees of the organization 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Χ 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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply Own website Another's website |X| Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to SEE SCHEDULE O the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CONTROLLER 31 TITUS MILL ROAD PENNINGTON NJ 08534 (609) 737-3735

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01111 330 (201	I) IDD	PIONI	BROOK-MILLSTONE	MAIFKOHED

21-0649717

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

Check this box if neither the organizatio	n nor any	relate	d or	rgan	ızat	ion co	mpe	ensated any current of	flicer, director, or trus	stee
(A) Name and title	(B) Average hours per week		ot che ss per and a	Pos ck mo	tion ore the s both ctor/tr	ian one n an offi ustee)	box, cer	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
	(describe hours for related organiza- tions in Schedule O)	Institutional trustee Individual trustee or director		Officer	Highest compensated employee Key employee		Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SEE ATTACHED LIST	0							0.	0.	0.
(2) JAMES WALTMAN EXECUTIVE DIREC	40			Х				115,617.	0.	0.
(3)		,								
(4)								-4		
_(5)										
										<del></del>
<u></u>										
		-								-
(10)								48.00		<del></del>
(11)										
(12)										
(13)										
(14)										

Part VIII Section A. Officers, Directors, Trust	ees, k	(ey	Em	ıplo	ye	es,	and	I Highest Com	pensated Emp	oyees (cont)
<b>(A)</b> Name and title		(C) Position (do not check more than one box, unless person is both an					h an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week (describ e hours			a Officer		#ighest employe		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	week (describ e hours for related organi- zations in Sch O)	al trustee or	Institutional trustee		oloyee	Highest compensated employee				<b>3</b>
<u>(15)</u>										
<u>(16)</u>										
(17)										
(18)										
(19)										
(20)			-							
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Section	A						<b>&gt;</b>	115,617. 0.	0. 0.	0. 0.
d Total (add lines 1b and 1c)							<b>•</b>	115,617.	0.	0.
2 Total number of individuals (including but not limite from the organization ► 1	d to the	ose I	iste	d ab	ove	) wh	o re	ceived more than	\$100,000 of report	Yes No
3 Did the organization list any <b>former</b> officer, director on line 1a? If 'Yes,' complete Schedule J for such it	or trus	tee, <i>al</i>	key	em	ploy	ee,	or h	ighest compensat	ed employee	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual	portabl han \$1	e co 50,0	mpe 00?	ensa <i>lf '</i> ነ	tion ′es′	and com	oth oplet	er compensation e Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or services rendered to the organization?	ompen comple	satio	on fr ched	om i lule	any <i>J fo</i>	unre r suc	elate ch p	ed organization or erson	ındıvıdual	5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensal	ed inde	nen	den	t coi	ntra	tors	tha	t received more t	han \$100,000 of	
compensation from the organization Report compe	nsation	for	the	cale	nda	r yea	ar e	nding with or with	in the organization	s tax year (C)
Name and business addres						_		Description	of services	Compensation
FAREWELL ARCHITECTS, LLC 200 FORESTAL ROAD P	KINCE	ľUN,	ŊJ	08	540			RENOVATION &	DESIGN	272,908.
			-	-						
							-			
2 Total number of independent contractors (including	but no	t lum	tod	to 1	hace	Lict	~d -	shove) who recon	ad more than	

\$100,000 in compensation from the organization > 1

Pa	rt VIII Statement of Revenue				
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lns 1a-1f; \$				
S M	h Total. Add lines 1a-1f	3,177,304.			
PROGRAM SERVICE REVENUE	Business Code	0/2::/001:			
VEN	2a PROGRAM	165,375.	165,375.		
ERE	b				
Ϋ́С	c				
SER	d				
RAM	e	- 1			
Ş	f All other program service revenue				
	g Total. Add lines 2a-2f ►	165,375.	<del>,,</del>		
	Investment income (including dividends, interest and other similar amounts)	42,697.			42,697.
	4 Income from investment of tax-exempt bond proceeds.	42,031.			42,697.
	5 Royalties	<del></del>			
	(i) Real (ii) Personal				
	<b>6a</b> Gross rents 50, 990.				
	b Less: rental expenses				
	c Rental income or (loss) 50,990.				
	d Net rental income or (loss).	50,990.			50,990.
	7a Gross amount from sales of (i) Securities (ii) Other			· ·· ·· · · · · · · · · · · · · · · ·	30,330.
	assets other than inventory				
	<b>b</b> Less. cost or other basis and sales expenses.				
	c Gain or (loss)			· · · · · · · · · · · · · · · · · · ·	
	d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ 41,285.				
₹EVI	of contributions reported on line 1c)				
ER	See Part IV, line 18 a 169, 594.				
Ė	b Less direct expenses . b 78,404.	01 100		····	01.100
	c Net income or (loss) from fundraising events.  9 a Gross income from gaming activities. See Part IV, line 19	91,190.			91,190.
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities			<u></u>	
			<u></u>		
	10a Gross sales of inventory, less returns and allowances a 21, 447.				
	<b>b</b> Less. cost of goods sold <b>b</b> 12,872.				
	c Net income or (loss) from sales of inventory	8,575.		·	8,575.
	Miscellaneous Revenue Business Code				
	11a				
	b				
	С				
	d All other revenue.				
	e Total. Add lines 11a-11d.				
	12 Total revenue. See instructions	3,536,131.	165,375.	0.	193,452.

## Part X Statement of Functional Expenses

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)

	Check if Schedule O contains a re	esponse to any question	n in this Part IX		
	not include amounts reported on lines 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 governments and organizations in the United States See Part IV, line 21	87,188.	87,188.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	•			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	115,617.	57,809.	38,153.	19,655.
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	732,323.	620,148.	87,357.	24,818.
8					
9	Other employee benefits	102,558.	82,616.	12,345.	7,597.
10	Payroll taxes	73,940.	59,109.	10,944.	3,887.
11	Fees for services (non-employees)	,	,		
	Management				
	o Legal				
	: Accounting		· · · · · · -		······································
	Lobbying	<del></del>		<del></del> -	· · · · · · · · · · · · · · · · · · ·
	• •				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	<del></del>			
	Other				
12	Advertising and promotion	6,897.	5,404.	1,065.	428.
13	Office expenses	1,513.	1,441.	72.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	54,762.	54,762.		
23	Insurance	33,573.	28,915.	4,658.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
7	CONSULTING FEES	104,387.	35,579.		68,808.
	PROFESSIONAL FEES	92,952.	74,100.	16,304.	2,548.
	UTILITIES	25,099.	25,099.	10,304.	2,540.
	PROGRAM EXPENSES	23,136.	23,136.		
	All other expenses	97,255.	66, 463.	21,514.	9,278.
	Total functional expenses. Add lines 1 through 24e	1,551,200.	1,221,769.	192,412.	137,019.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,331,200.	1,221,703.	172, 412.	137,013.
	Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet (B)** End of year (A) Beginning of year Cash - non-interest-bearing 58,370 62,376. 1 2 Savings and temporary cash investments 3,656,192 2 4,183,858. 3 Pledges and grants receivable, net 788,173. 3 597.309. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 12,793 8 11,481. Prepaid expenses and deferred charges 8,739. 9 18,097. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 5,876,547. b Less: accumulated depreciation 10b 778,063 3,598,533 10 c 5,098,484. 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 1,669,338 15 1,788,293. Total assets. Add lines 1 through 15 (must equal line 34) 16 9,792,138. 11,759,898. 16 17 Accounts payable and accrued expenses 33,467. 17 41,493 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D B 21 Payables to current and former officers, directors, trustees, key employees. highest compensated employees, and disqualified persons. Complete Part II 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 25 Total liabilities. Add lines 17 through 25 33,467 26 41,493. Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. Unrestricted net assets 3,030,970. 27 3,257,241. 1,135,866. Temporarily restricted net assets 28 4,795,042. Permanently restricted net assets 5,591,835 29 3,666,122 R Organizations that do not follow SFAS 117, check here | and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 9,758,671. 11,718,405. 33 34 Total liabilities and net assets/fund balances 9,792,138. 34 11,759,898.

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Form 990 (2011)

Form 990 (2011) THE STONY BROOK-MILLSTONE WATERSHED 2	1-06497	17	Da	age 12
Part M Reconciliation of Net Assets	1-00497.	1 /	га	ige 12
Check if Schedule O contains a response to any question in this Part XI				X
1 Total revenue (must equal Part VIII, column (A), line 12)	1	3,5	36,1	31.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,5	51,2	200.
3 Revenue less expenses. Subtract line 2 from line 1	3	1,9	84,9	31.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,7	58,6	571.
5 Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE Q	5	_	25,1	97.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,7	18,4	105.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				
			Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
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 review, or compilation of its financial statements and selection of an independent accountant?	of the audit	, 2c	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis	ssued on a			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	. 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

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Form 990 (2011)

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(D)

(E)

Total

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.

Name of the organization THE STONY BROOK-MILLSTONE WATERSHED Employer identification number ASSOCIATION 21-0649717 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 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a 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 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). 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 11 ь Type II С Type III — Functionally integrated Type III - Other 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? q Yes No (i) 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 (i) 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 organization(s) h (v) Did you notify the organization in column (i) of your support? (i) Name of supported organization (ii) EIN (Iii) Type of organization (IV) Is the (vi) Is the (vii) Amount of support organization in column (i) listed in your governing document? organization in column (i) organized in the US? (described on lines 1-9 above or IRC section (see instructions)) Yes No Yes Yes No (A) (B) (C)

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

Schedule A (Form 990 or 990-EZ) 2011

## Partill 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.)

			5.00 50.0., p.000.	oompiote i ait ii	• /		
Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')						******
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see ins	structions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	3) ▶ □
	tion C. Computation of Pul						
	Public support percentage for 20	• •	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f))		14	<u>%</u>
	Public support percentage from 2		,			15	%_
	<ul> <li>33-1/3% support test - 2011. If the and stop here. The organization</li> <li>33-1/3% support test - 2010. If the support test is a support test is a support test in the support test.</li> </ul>	qualifies as a pu the organization (	blicly supported o did not check a bo	rganization ox on line 13 or 16			▶ ∐
	and <b>stop here.</b> The organization	qualifies as a pu	blicly supported o	rganization			▶ []
172	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	IV how
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts- d-circumstances'	and-circumstance test The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Part ed organization	IV how the ►
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check thi	s box and see ins	tructions

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## Partill Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		- '		.==	<del></del>	
	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include						
	any unusual grants.)	1,648,370.	<u>2,8</u> 71,573.	3,153,827.	1,791,252.	3,177,304.	12,642,326.
2	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	149,711.	164,230.	175,831.	293,277.	356,416.	1 120 465
3	Gross receipts from activities	149, 111.	104,230.	175,631.	293,211.	330,410.	1,139,465.
	that are not an unrelated trade or business under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or						0.
3	frie value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	1,798,081.	3,035,803.	3,329,658.	2,084,529.	3,533,720.	13,781,791.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	62,860.	581,670.	523,200.	532,930.	115,145.	1,815,805.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
_	Add lines 7a and 7b	62,860.	581,670.	523,200.	532,930.	115,145.	1,815,805.
	Public support (Subtract line	02,000.	301,070.	323,200.	332, 930.	113,143.	1,013,003.
	7c from line 6)						11,965,986.
	tion B. Total Support			ı			<del> </del>
	dar year (or fiscal yr begınning in)►	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
	Amounts from line 6	1,798,081.	3,035,803.	3,329,658.	2,084,529.	3,533,720.	13,781,791.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	218,016.	128,590.	86,440.	91,941.	93,687.	618,674.
С	Add lines 10a and 10b	218,016.	128,590.	86,440.	91,941.	93,687.	618,674.
11	Net income from unrelated business activities not included in line 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.)						0.
13	Total support. (Add Ins 9, 10c, 11, and 12)	2,016,097.	3,164,393.	3,416,098.	2,176,470.	3,627,407.	14,400,465.
	First five years. If the Form 990 organization, check this box and	is for the organiz				<del></del>	(3)
Sec	tion C. Computation of Pu	blic Support P	ercentage				
15	Public support percentage for 20	)11 (line 8, columi	n (f) divided by lir	ne 13, column (f))	)	15	83.09 %
	Public support percentage from		• •	.,,		16	80.93 %
	tion D. Computation of Inv			<del></del>			• • • • • • • • • • • • • • • • • • • •
	Investment income percentage f				ımn (f))	17	4.30 %
18	Investment income percentage f	•		-	.,,	18	5.36 %
	<b>33-1/3% support tests – 2011.</b> If is not more than 33-1/3%, check	the organization	did not check the	box on line 14, a	and line 15 is mor as a publicly supp	e than 33-1/3%, a	and line 17
b	33-1/3% support tests - 2010. If line 18 is not more than 33-1/3%	the organization	did not check a b	oox on line 14 or l	ine 19a, and line	16 is more than 3	33-1/3%, and
20	Private foundation. If the organi		•		•	•	▶ 🗂

Schedule A	(Form 990 o	r 990-EZ) 2	2011 TH	E STONY	BROOK-MI	LLSTONE	WATERSHED	21-0649	717 Page <b>4</b>
Part IV	Suppleme Part II, lin (See instr	ental Info e 17a or uctions).	rmation. 17b; and	Complete Part III, I	this part to ine 12. Also	provide complet	the explanation the this part for	21-0649 ons required by P any additional in	art II, line 10; formation.
						<b>-</b>			
						. – – – –			
						. <b>-</b>			
						· – – – –			
			<del>-</del>						
			. – – – –						

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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), then

- 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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• 5	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III			
Name	of organization			Employer identifica	ation number
THE	E STONY BROOK-MILLS	TONE WATERSHED		21-064971	7
Pai	t I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organia	zation.
1	Provide a description of the	organization's direct and indirect political of	ampaign activities in	Part IV	
2	Political expenditures			. ►\$	
3	Volunteer hours				
Pai	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	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 8	Was a correction made?				Yes No
t	If 'Yes,' describe in Part IV				
Pai	rt I-C Complete if the or	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities > \$	
2	Enter the amount of the filing	g organization's funds contributed to other	organizations for sec	tion 527 exempt	
_	function activities	g organization o names continuation to other	organizations for soc	► \$	
3	Total exempt function expen	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL		
•	line 17b		o o	▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification number (EIN)	of all section 527 pol	itical organizations to w	hich the filing
	organization made payments amount of political contributi	s For each organization listed, enter the ai	mount paid from the f fly delivered to a sep	iling organization's fund arate political organizat	ds. Also enter the ion, such as a separate
	segregated fund or a politica	ons received that were promptly and direct al action committee (PAC) If additional spa	ce is needed, provide	e information in Part IV	:
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing	(e) Amount of political
	(4)	(2)//35/000	(3) 2	organization's funds	contributions received and
				in none, enter o	promptly and directly delivered to a separate political organization
					If none, enter -0-
(1)					
<del>,</del>					
(2)					
<del></del>					
(3)					
<del>(3)</del>			4.44		
(4)					
<del>`</del>					
(5)		L			
<del></del>	<del>, </del>				
(6)		<b> </b>			

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

Schedule C (Form 990 or 990-EZ) 2011

schedule C (Form 990 or 990-EZ) 201				21-0649	
Part II-A Complete if section 501(		n is exempt under se	ction 501(c)(3) and	filed Form 5768 (el	ection under
A Check ► If the filing	ng organization bel	ongs to an affiliated group	(and list in Part IV eac	h affiliated group membe	r's name,
address,	EIN, expenses, an	d share of excess lobbying	g expenditures).		
B Check ► If the filing	ng organization che	cked box A and 'limited co	ontrol' provisions apply.		
(The term	Limits on Lobby 'expenditures' mea	ving Expenditures ans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditu	ures to influence pu	ıblıc opınıon (grass roots le	obbying)		
<b>b</b> Total lobbying expenditu	ures to influence a	legislative body (direct lob	byıng)		
<b>c</b> Total lobbying expenditu	ures (add lines 1a a	and 1b)			
d Other exempt purpose e	•	•			
e Total exempt purpose e	xpenditures (add li	nes 1c and 1d)			
f Lobbying nontaxable am both columns	nount Enter the an	nount from the following ta	ble ın		
If the amount on line 1e, cold	umn (a) or (b) is <sup>.</sup>	The lobbying nontaxable a	amount is:		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1,		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable a	=	•			
h Subtract line 1g from lin  i Subtract line 1f from lin					<del></del>
j If there is an amount of section 4911 tax for this	her than zero on ei s year?	ther line 1h or line 1i, did	the organization file Fo	rm 4720 reporting	Yes No
/Sam	o organizations the	4-Year Averaging Period to the made a section 501(h) e	Under Section 501(h)	complete all of the five	
(3011)	columi	ns below. See the instructi	ions for lines 2a throug	gh 2f.)	
	Lobi	oying Expenditures During	g 4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) Total
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	n 990 or 990-EZ) 2011

(b)

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description	<u> </u>	ř <del>'</del> – I	
of the lobbying activity.	Yes	No	Amount
SEE PART IV  1 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>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х		
c Media advertisements?		Х	
<b>d</b> Mailings to members, legislators, or the public?	X		576.
e Publications, or published or broadcast statements?	Х		720.
f Grants to other organizations for lobbying purposes?		Х	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		24,121.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х		558.
i Other activities?		Х	
j Total Add lines 1c through 1i			25,975.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			<del></del>
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Х	
Partill-A Complete if the organization is exempt under section 501(c)(4), section 50	(c)(5)		
section 501(c)(6).	. (-)(-)	,	
			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 carry over lobbying and political expenditures from the prior year?	•		3
Partill B Complete if the organization is exempt under section 501(c)(4), section 50	(c)(5)	or s	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' (answered 'Yes.'	OR (b)	Part	III-A, line 3, is
1 Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible 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>b</b> Carryover from last year		2b	
<b>c</b> Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
***			<del></del>
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ss		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po- expenditure next year?	iticai	4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	<del> </del>
Park IV Supplemental Information		<u> </u>	
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; FAIso, complete this part for any additional information	Part II-A	; and	Part II-B, line 1
PART JI-B - DESCRIPTION OF LOBBYING ACTIVITY			
THE ORGANIZATION CONDUCTED ADVOCACY AT THE STATE AND LOCAL LEVEL	_INTE	ENDEI	D_TO
			<b>_</b> _
INFLUENCE_LEGISLATION_PERTAINING_TO_ENVIRONMENTAL_PROTECTIONS	TAFE	ENG	AGED STATE
LEGISLATORS_AND_THEIR_STAFFS_AND_LOCAL_ELECTED_OFFICIALS_TO_PROM	QTE_E	LIVI	RONMENTAL
PROTECTION_AND_ADVISED_MEMBERS_OF_THE_ORGANIZATION_AND_THE_PUBLI	C OE	PENI	DING ISSUES

Schedule C (Form 990 or 990-EZ) 2011 THE STONY BROOK-MILLSTONE WATERSHED	21-0649717	Page <b>4</b>
Part V Supplemental Information (continued)		
PART II-B - DESCRIPTION OF LOBBYING ACTIVITY (CONTINUED)		
THROUGH_INTERNAL_COMMUNICATION_MECHANISMS, PRESS_CONFERENCE	S AND RALLIES.	
Part IV Supplemental Information (continued)		

Schedule C (Form 990 or 990-EZ) 2011 THE STONY BROOK-MILLSTONE WATERSHED	21-0649717	Page 4
Schedule C (Form 990 or 990-EZ) 2011 THE STONY BROOK-MILLSTONE WATERSHED  Park W Supplemental Information (continued)		
		~~

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2011

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

F STONY RROOK-MILLSTONE WATERSHED

	E STONY BROOK-MILLSTONE WATERS SOCIATION	HED		21-0649717
Pai		Advised Funds or Other S	imilar Funds or A	
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.		
		(a) Donor advised fund	s (t	) Funds and other accounts
1	Total number at end of year			<u> </u>
2	Aggregate contributions to (during year)	- 11		
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the ass to the organization's exclusive leg	ets held in donor advis al control?	ed Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits.	the benefit of the donor or donor a	nat grant funds can be advisor, or for any othe	r Yes No
Pai	rt II Conservation Easements. Compl	ete if the organization answ	ered 'Yes' to Form	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., r	ecreation or education)	reservation of an histo	orically important land area
	X Protection of natural habitat		Preservation of a certifi	
	X Preservation of open space			
2	Complete lines 2a through 2d if the organizati last day of the tax year.	on held a qualified conservation c	ontribution in the form	of a conservation easement on the
				Held at the End of the Tax Year
i	a Total number of conservation easements		2a	3
ı	b Total acreage restricted by conservation ease	ments	2b	145
(	c Number of conservation easements on a certi	fied historic structure included in (	a) . <b>2c</b>	
•	d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and r	ot on a historic 2d	
3	Number of conservation easements modified, tax year ►	transferred, released, extinguishe	d, or terminated by the	organization during the
4	Number of states where property subject to co	onservation easement is located 🕨	1	
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, into it holds?  SEE PART XI	spection, handling of	violations, X Yes No
6	Staff and volunteer hours devoted to monitoring	ng, inspecting, and enforcing cons	ervation easements du	iring the year
7	Amount of expenses incurred in monitoring, if \$	nspecting, and enforcing conserva	tion easements during	the year
8	Does each conservation easement reported of 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requir	ements of section	Yes X No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	s conservation easements in its reve to the organization's financial stat	nue and expense statem ements that describes	ent, and balance sheet, and the organization's accounting for
Pai	rt III Organizations Maintaining Colle	ctions of Art. Historical Tre	asures, or Other S	Similar Assets.
	Complete if the organization ans	wered 'Yes' to Form 990, Pa	art IV, line 8.	
1:	a If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its fina	s held for public exhibition, educa	tion, or research in furt	ment and balance sheet works of therance of public service, provide,
ļ	b If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items:	r SFAS 116 (ASC 958), to report in ld for public exhibition, education,	n its revenue statemen or research in furthera	at and balance sheet works of art, ance of public service, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1		►\$ ►\$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
2	If the organization received or held works of a amounts required to be reported under SFAS	ort, historical treasures, or other si 116 (ASC 958) relating to these it	milar assets for financi ems:	al gain, provide the following
i	a Revenues included in Form 990, Part VIII, line	e 1		<b>►</b> \$
1	b Assets included in Form 990, Part X			. ▶\$

		OOK-MILLSTONE W		21-064		Page 2
Pant III Organizations Mainta	ning Colle	ections of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (contin	ued)
3 Using the organization's acquisiti items (check all that apply):	on, accession	n, and other records, ch	neck any of the following	g that are a significant i	use of its colle	ction
a Public exhibition		<b>d</b> Loan	or exchange programs			
<b>b</b> Scholarly research		e Other				
c Preservation for future gener	ations	_				
4 Provide a description of the orga Part XIV	nızatıon's col	lections and explain ho	w they further the organ	nization's exempt purpo	se in	
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or ather than to	receive donations of a be maintained as part	rt, historical treasures, of of the organization's co	or other similar illection?	Yes	No
Escrow and Custodia   Ine 9, or reported an	l Arrangen amount on	nents. Complete if Form 990, Part X,	the organization an line 21.	nswered 'Yes' to Fo	rm 990, Par	t IV,
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodia	ın, or other ıntermediary	y for contributions or otl	her assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV a	and complete the follow	ing table:			
					Amount	
c Beginning balance				1c		
<b>d</b> Additions during the year				1 d		
e Distributions during the year				1e		
f Ending balance				1f		
2a Did the organization include an a	mount on Fo	rm 990, Part X, line 21	? .		Yes	∐ No
<b>b</b> If 'Yes,' explain the arrangement						
Part V Endowment Funds. Co	mplete if t	he organization an	swered 'Yes' to For	<u>m 990, Part IV, line</u>	e 10.	
	(a) Current	year <b>(b)</b> Prior yea	r (c) Two years bac	k (d) Three years back	(e) Four yea	ars back
1 a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
<b>d</b> Grants or scholarships						
<ul> <li>Other expenditures for facilities and programs</li> </ul>						
f Administrative expenses						
<b>g</b> End of year balance						
2 Provide the estimated percentage	e of the curre	ent year end balance (lii	ne 1g, column (a)) held	as		
a Board designated or quasi-endov	vment ►	%				
<b>b</b> Permanent endowment ▶	%					
c Temporarily restricted endowmer	nt 🟲	%				
The percentages in lines 2a, 2b,	and 2c shoul	d equal 100%.				
3a Are there endowment funds not a organization by	n the posses	sion of the organization	that are held and adm	inistered for the	Yes	No
(i) unrelated organizations					3a(i)	1
(ii) related organizations					3a(ii)	<b>T</b>
<b>b</b> If 'Yes' to 3a(ıı), are the related of	organizations	listed as required on S	chedule R? .		3b	1
4 Describe in Part XIV the intended						
Part VI Land, Buildings, and I						
Description of property		(a) Cost or other basis (investment)		(c) Accumulated depreciation	(d) Book v	/alue
4 1 - 1		1 ,	2 612 115		2 (11	115

1 a Land <u>3,613,115.</u> <u>3,613,115.</u> 585,117. 1,991,222. 1,406,105. **b** Buildings  $\textbf{c} \; \text{Leasehold improvements}$ 219,740. **d** Equipment 150,713. 69,027. 52,470. 10,237. 42,233. e Other

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

Schedule **D** (Form 990) 2011

5,098,484.

BAA

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Schedule D (Form 990) 2011 THE STONY BROOK-MILLSTONE WATER		21-0649717	Page <b>4</b>
Reconciliation of Change in Net Assets from Form 990 to Audited F	inancial Statements		
1 Total revenue (Form 990, Part VIII, column (A), line 12)		3,5	36,131.
2 Total expenses (Form 990, Part IX, column (A), line 25)		1,5	51,200.
3 Excess or (deficit) for the year. Subtract line 2 from line 1		1,9	84,931.
4 Net unrealized gains (losses) on investments			25,197.
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV)			
9 Total adjustments (net). Add lines 4 through 8		_	25,197.
10 Excess or (deficit) for the year per audited financial statements. Combine li	nes 3 and 9		59,734.
Part XII Reconciliation of Revenue per Audited Financial State		er Return	
1 Total revenue, gains, and other support per audited financial statements			36,131.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	2a		
<b>b</b> Donated services and use of facilities	2b	-	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d	Zu	2e	
3 Subtract line 2e from line 1			36,131.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	3 3,3	30,131.
a Investment expenses not included on Form 990, Part VIII, line 7b	4.5		
b Other (Describe in Part XIV.)	4a 4b	—— <b>       </b>	
c Add lines 4a and 4b.	4D		
	10.	4c	26 121
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			36,131.
Reconciliation of Expenses per Audited Financial Stat	ements with Expense:		<u> </u>
1 Total expenses and losses per audited financial statements		1 1,5	51,200.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIV.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1	1 1	3 1,5	51,200.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV.)	4b		
c Add lines 4a and 4b.		4c	<u> </u>
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	<i>₹18</i> )	<b>5</b> 1,5	51,200.
PartXIV Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part X any additional information	9; Part III, lines 1a and 4; F (III, lines 2d and 4b Also co	'art IV, lines 1b and 2b; implete this part to provi	ıde
PART_II_LINE 5 - SUMMARIZED_POLICY			
THE_ORGANIZATION'S_BOARD_OF_TRUSTEES_ADOPTED_A_	POLICY ON MONITORI	LNG_AND_ENFORCE	ÆNT
OF_CONSERVATION_EASEMENTS_PREPARED_BY_THE_LAND_	IRUST ALLIANCEI	THE POLICY ADDRI	esses
FUNDING_STRATEGIES,_MONITORING,_PROTECTION_AS_N	ECESSARY_ RELATION	NSHIPS_WITH	
LANDOWNERS, AND BACK-UP PLANS FOR UNFORESEEN CI	RCUMSTANCES_OR_CHA	ANGES_THAT_MAY_A	AFFECT_
THE_EASEMENT_OR_ITS_OWNERSHIP_IN_THE_FUTURE			

TEEA3304L 05/25/11

Schedule **D** (Form 990) 2011

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Schedule D (Form 990) 2011 THE STONY BROOK-MILLSTONE WATERSHED  Part XIV Supplemental Information (continued)	21-0649717	Page <b>5</b>
Part XIV Supplemental Information (continued)		
**		

TEEA3305L 05/25/11

Schedule **D** (Form 990) 2011

BAA

#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

2011

OMB No 1545-0047

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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 Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization THE STONY BROOK-MILLSTONE WATERSHED Employer identification number ASSOCIATION 21-0649717 **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations X Solicitation of non-government grants e lχ b Internet and email solicitations f Solicitation of government grants c Phone solicitations X Special fundraising events d X In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (or retained by) fundraiser listed in have custody or control from activity (or retained by) of contributions? organization column (i) Yes No SPROUT SUPPORT 273 HAMILTON AV PRINCETON NJ CAPITAL CAMP Х 1,135,186 45,697 1,089,489. 2 3 4 5 6 7 8 9 10 Total 1,135,186. 45,697. 1,089,489. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

		<b>G</b> (Form 990 or 990-EZ) 2011 THE STO			21-06 <sup>,</sup>	
Par	t II	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts great the second	event contributions	nswered 'Yes' to Fo s and gross income	rm 990, Part IV, III on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
		List events with gross receipts gro	(a) Event #1 SPECIAL EVENTS	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
Ĕ			(event type)	(event type)	(total number)	(-//
RE>ESDE	1	Gross receipts .	210,879.			210,879.
E	2	Less: Charitable contributions	41,285.			41,285.
	3	Gross income (line 1 minus line 2)	169,594.			169,594.
	4	Cash prizes				
	5	Noncash prizes				
D   RECT	6	Rent/facility costs				
	7	Food and beverages	and the state of t			
X	8	Entertainment				
EXPENSES	9	Other direct expenses	78,404.			78,404
S	10	Direct expense summary Add lines 4 thr	ough 9 in column (d)		•	78,404
	11	Net income summary Combine line 3, co Gaming. Complete if the organization			•	91,190
#CZ#<		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ē	1	Gross revenue				
E		Cash prizes				
DIRECT	3	Non-cash prizes			· · · · ·	
Č Š T E S	4	Rent/facility costs	-			
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes%	
	7	Direct expense summary Add lines 2 thr	rough 5 in column (d).		•	
	8	Net gaming income summary Combine I	ines 1, column (d) and	line 7	<u> </u>	
a	ls th	er the state(s) in which the organization of ne organization licensed to operate gamine lo,' explain.	g activities in each of th	nese states?		Yes No
10 a	  Wer	e any of the organization's gaming license			e tax year?	Yes No

Sche	dule <b>G_(F</b> orm 990 or 990-EZ) 201	I THE STONY E	BROOK-MII	LLSTONE WATERSHED		21-0649	717	Page 3
	Does the organization operate g						Yes	No
12	Is the organization a grantor, be administer charitable gaming?	neficiary or trustee o	of a trust or a	a member of a partnership	or other entity	formed to	Yes	No
13	Indicate the percentage of gamil	ng activity operated	ın:			1 1		
	The organization's facility					13a		8
t	An outside facility					13b		%
14	Enter the name and address of	the person who prep	pares the orga	anızatıon's gamıng/special	events books a	and records		
	Name ►							
	Address ►						· <del></del>	
t	Does the organization have a coll 'Yes,' enter the amount of gam of gaming revenue retained by the 'Yes,' enter name and address	ning revenue receive he third party > \$	ed by the org	anızatıon ► \$			Yes	No
	Name •							
	Address ►							
16	Gaming manager information:							
	Name ▶				. – – – – –			
	Gaming manager compensation	► \$						
	Description of services provided	<b></b>						
	Director/officer	Employee		Independent contracto	r			
17	Mandatory distributions							
	Is the organization required undestate gaming license?						Yes	No
t	Enter the amount of distributions organization's own exempt activ			distributed to other exempt	organizations	or spent in t	he	
Par	t IV Supplemental Inform	nation. Complete and Part III, line	this part tes 9, 9b, 1	0b. 15b. 15c. 16. and	ations requir 17b, as app	ed by Part licable. Al	t I, line 2 so comp	2b, olete
		·						
	7.1						<del>.</del>	
					<del></del>		<del></del>	
	<del>"</del>		<del></del>			<del></del>		
			<del></del>	· · · · · · · · · · · · · · · · · · ·				
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Department of the Treasury Internal Revenue Service

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.

201

OMB No 1545-0047

Open to Public-Inspection

**ջ** □ Employer identification number XYes 21-0649717 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance THE STONY BROOK-MILLSTONE WATERSHED Name of the organization

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. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II can be duplicated if additional space is needed

1 (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
(1) FLAT ROCK BROOK NATURE ASSOC.							STREAM, POND & WETLANDS
ENGLEWOOD, NJ 07631	23-7323476		9,625.	0.	•		RESTORATION
(2) GREAT SWAMP WATERSHED ASSOCIA							MONITORING &
<u>PO_BOX_300</u>					•		STATE OF
NEW VERNON, NJ 07976	22-2403906		6,650.	0.			STREAMS RPT.
(3) NJ INVASIVE SPECIES STRIKE		-					
HTT.SROROUGH N.T 08844	27-4565048		6 835	c			PLANNING
(4) RANCOCAS CONSERVANCY							ESTABLISH
<u>PO_BOX_2188</u>							SCIENTIFIC
VINCENTOWN, NJ 08088	52-1750399		5,290.	0.			DATABASE
(5)							WEBSITE
N HEADWATERS ASSOC							REDESIGN &
PO BOX 273							WATER
(6) GLADSTONE, NJ 07934 SOUTH JERSEY LAND AND WATER T	22-1722944		11,000.	0.			MONITORING
PO BOX 233			:				STREAM
$\Omega$ GLASSBORO, NJ 08028	22-3298885		7,310.	0.			RESTORATION
<u>UPPER_RARITAN_WATERSHED_ASSOC</u>							INVASIVE
PO BOX 273							SPECIES
(8) GLADSTONE, NJ 07934	22-1722944		10,000.	0.			SOMERSET COUNTY
VARIOUS_GRANTS_UNDER_\$5,000							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3) and government or	nanizations listed	n the line 1 table			•	7
	ons listed in the line	1 table				•	
	200	2000					•

Schedule I (Form 990) (2011)

TEEA3901L 06/01/11

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

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. (f) Description of non-cash assistance 21-0649717 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Schedule I (Form 990) (2011) THE STONY BROOK-MILLSTONE WATERSHED Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III ល 9 ന 4

Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
PAR	RMATION
	NG OF GRANT FUND USE IS DONE IN MULTIPLE WAYS. THE GRANT PROG
ĺ	

COORDINATOR MEETS WITH EACH GRANTEE HALFWAY THROUGH THE PROJECT PERIOD. PRIOR TO THIS MEETING, GRANTEES ARE ONLY PROVIDED WITH EITHER \$5,000 OR HALF OF THE GRANT

AWARD, WHICHEVER IS GREATER. IF PROGRESS AT MEETING TIME IS ON TRACK, THE REMAINDER

OF THE GRANT FUNDS ARE RELEASED. GRANTEES ARE REQUIRED TO GAIN APPROVAL FROM THE

COORDINATOR FOR ANY DESIRED CHANGES TO THE USE OF FUNDS. IN ADDITION, GRANTEES

SUBMIT INTERIM AND FINAL FINANCIAL REPORTS, AND A FINAL NARRATIVE REPORT,

DEMONSTRATING PROJECT COMPLETION AND FUND SPENDING. ALL REPORTS ARE REVIEWED BY THE

SHOULD ANY CHALLENGES ARISE, THE GRANT REVIEW PANEL IS AVAILABLE TO COORDINATOR.

ASSIST THE COORDINATOR IF NEEDED.

Schedule I (Form 990) (2011)

Continuation Sheet for Schedule I (Form 990)

2011

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Schedule I Cont (Form 990) 2011 (h) Purpose of grant or assistance ŏ RESTORATION Continuation Page 1 STREAM Employer identification number (Form 990), Part II.) (g) Description of non-cash assistance 21-0649717 (f) Method of valuation (book, FMV, appraisal, other) Rantin Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (e) Amount of non-cash assistance 21,606. 8,872. (d) Amount of cash grant TEEA4001L 08/25/11 (c) IRC section if applicable 22-3692288 (b) EIN THE STONY BROOK-MILLSTONE WATERSHED (a) Name and address of organization or government WHIPPANY RIVER WATERSHED ACT. LAKE HIAWATHA, NJ 07034 31 ROCKAWAY BLVD. 111111111 Name of the organization 1111 111

#### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization THE STONY BROOK-MILLSTONE WATERSHED ASSOCIATION	Employer identification number 21-0649717
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS	
A) SCIENCE - SCIENCE IS AT THE HEART OF THE WATERSHED ASSOCIA	TION'S ENVIRONMENTAL
LEADERSHIP. ACROSS THE REGION, WE COLLECT KEY DATA ON THE HE	ALTH OF OUR STREAMS AND
ON_OTHER ENVIRONMENTAL FACTORS. WE DISTRIBUTE THE INFORMATION	N_TO_CITIZENS_AND
OFFICIALS IN CENTRAL NEW JERSEY, AND WORK WITH THEM TO ADDRES	S POLLUTION OF OUR WATER
SUPPLIES AND WATERWAYS. OUR GEOGRAPHIC INFORMATION SYSTEM CO	MBINES SCIENTIFIC DATA
WITH MAPPING SYSTEMS TO HELP LOCAL GOVERNMENTS AND CITIZENS U	NDERSTAND_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 ST	ATE OFFICIALS, URGING
THEM_TO_STRENGTHEN_ENVIRONMENTAL_PROTECTIONS,_IMPROVE_PLANNIN	G_AND_ZONING,_AND_MAKE
BETTER_INFORMED_DECISIONS_ABOUT_OUR_FUTUREWE_WORK_COOPERAT	IVELY
WITH LOCAL TOWNS THROUGH OUR PROJECT FOR MUNICIPAL EXCELLENCE	, AND SPEAK OUT AGAINST
DEVELOPMENT_PROPOSALS_THAT_WOULD_HARM_THE_LOCAL_ENVIRONMENT_A	ND_OUR_QUALITY_OF_LIFE
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SH	AREHOLDER
THE_WATERSHED_ASSOCIATION_DEFINES_MEMBERS_OF_THE_ORGANIZATION	AS INDIVIDUALS,
CORPORATIONS, CLUBS, FOUNDATIONS, GOVERNMENT ENTITIES, AND OT	HER ORGANIZATIONS,
ENTITIES, OR GROUPS THAT SUBSCRIBE TO THE PURPOSES OF THE ORG	ANIZATION 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	E_ORGANIZATION'S
NOMINATING COMMITTEE.	
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GO	VERNING BODY
MEMBERS OF THE ORGANIZATION VOTE TO ELECT MEMBERS OF THE BOAF	D OF TRUSTEES, THE
ORGANIZATION'S GOVERNING BODY, UPON THE RECOMMENDATION OF THE	ORGANIZATION'S
NOMINATING COMMITTEE.	

Schedule <b>O</b> (Form 990 or 990-EZ) 2011	Page 2
Name of the organization THE STONY BROOK-MILLSTONE WATERSHED ASSOCIATION	Employer identification number 21-0649717
FORM 990, PART VI, LINE 11B - 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 ENFOR	CEMENT OF CONFLICTS
TRUSTEES MUST ANNUALLY ACKNOWLEDGE IN WRITING THEIR ACCEPTA	NCE OF THIS POLICY. AS
PART OF THIS PROCESS, TRUSTEES ARE PROVIDED WITH A FORM WHE	RE THEY CAN EITHER AFFIRM
THAT THEY HAVE NO INTEREST, DIRECT OR INDIRECT, IN CONFLICT	WITH THE WATERSHED'S
INTEREST OR IDENTIFY ANY INTERESTS THAT HAVE THE POTENTIAL	FOR CONFLICT.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICL	Y AVAILABLE
UPON REQUEST	

2011

## **SCHEDULE O - SUPPLEMENTAL INFORMATION**

PAGE 1

**CLIENT 12897** 

THE STONY BROOK-MILLSTONE WATERSHED ASSOCIATION

21-0649717

7/16/12

10 50AM

FORM 990, PART XI, LINE 5 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL  $\frac{$}{$}$   $\frac{-25,197}{-25,197}$ .

# Stony Brook-Millstone Watershed Association Board of Trustees 2011 – 2012

Lorraine Sciarra, Chair 31 Titus Mill Road Pennington, NJ 08534

Dr. William Ayers 31 Titus Mill Road Pennington, NJ 08534

Kathleen Biggins 31 Titus Mill Road Pennington, NJ 08534

Elizabeth Bromley 31 Titus Mill Road Pennington, NJ 08534

Bill Carmean 31 Titus Mill Road Pennington, NJ 08534

Peter Gibson 31 Titus Mill Road Pennington, NJ 08534

Sophie Glovier 31 Titus Mill Road Pennington, NJ 08534

Margaret Gorrie, Vice Chair 31 Titus Mill Road Pennington, NJ 08534

Robert Harris, PhD 31 Titus Mill Road Pennington, NJ 08534

Katherine Heins 31 Titus Mill Road Pennington, NJ 08534

Richard Scribner 31 Titus Mill Road Pennington, NJ 08534

Gregory Vafis 31 Titus Mill Road Pennington, NJ 08534 Elliot Cohen 31 Titus Mill Road Pennington, NJ 08534

Barbara Griffin Cole 31 Titus Mill Road Pennington, NJ 08534

Daniel J. Dart 31 Titus Mill Road Pennington, NJ 08534

Jonathan Erickson 31 Titus Mill Road Pennington, NJ 08534

Marylou Millard Farrara 31 Titus Mill Road Pennington, NJ 08534

Annarie Lyles, Dr. 31 Titus Mill Road Pennington, NJ 08534

Brian McDonald 31 Titus Mill Road Pennington, NJ 08534

Nelson Obus 31 Titus Mill Road Pennington, NJ 08534

Thomas O'Neill 31 Titus Mill Road Pennington, NJ 08534

Scot Pannepacker, Treasurer 31 Titus Mill Road Pennington, NJ 08534

Margaret Sieck, Treasurer 31 Titus Mill Road Pennington, NJ 08534

Lytisha Williams 31 Titus Mill Road Pennington, NJ 08534