



CONFIDENTIAL

Great Swamp Watershed Association
568 Tempe Wick Rd
Morristown, NJ 07960

Enclosed are the original and one copy of the 2017 Exempt Organization Returns, as follows...

Return of Organization Exempt From Income Tax (Form 990)
Annual Filing for Charitable Organizations (CHAR500)

Each original should be dated, signed and filed in accordance with the filing instructions.
The copy should be retained for your files.

Sincerely,

BKC, CPAs, PC

Filing Instructions

Great Swamp Watershed Association

Exempt Organization Tax Return

Taxable Year Ended June 30, 2018

Date Due: May 15, 2019

Remittance: None is required. Your Form 990 for the tax year ended 6/30/18 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

BKC, CPAs, PC
114 Broad St
Flemington, NJ 08822

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office. If previously signed and returned no further action is required.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue ServiceFor calendar year 2017, or fiscal year beginning 7/01, 2017, and ending 6/30 20 18▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.****2017**

Name of exempt organization

GREAT SWAMP WATERSHED ASSOCIATION

Employer identification number

22-2403906

Name and title of officer

**GUY PISERCHIA
TREASURER****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	820,008
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☐ I authorize _____ to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **01/08/19****Part III Certification and Authentication**

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

20962026941

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **01/08/19****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017
Open to Public Inspection**A** For the 2017 calendar year, or tax year beginning **07/01/17**, and ending **06/30/18**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="text-align: center; font-weight: bold;">GREAT SWAMP WATERSHED ASSOCIATION</div> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 568 TEMPE WICK RD City or town, state or province, country, and ZIP or foreign postal code MORRISTOWN NJ 07960	D Employer identification number 22-2403906 E Telephone number 973-538-3500 G Gross receipts \$ 830,005
F Name and address of principal officer: SALLY S RUBIN 568 TEMPE WICK RD MORRISTOWN NJ 07960		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: HTTP://WWW.GREATSWAMP.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1981
M State of legal domicile: NJ		

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22		
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	12		
	6 Total number of volunteers (estimate if necessary)	6	300		
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34		7b	0	
			Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)		684,926	800,750	
	9 Program service revenue (Part VIII, line 2g)		30	0	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		41,628	19,258	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		726,584	820,008	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0	0
		14 Benefits paid to or for members (Part IX, column (A), line 4)		9,694	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		440,411	532,079		
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 99,994		269,137	280,514		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		719,242	812,593		
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		7,342	7,415		
19 Revenue less expenses. Subtract line 18 from line 12		1,689,326	1,760,407		
Net Assets or Fund Balances		20 Total assets (Part X, line 16)		101,612	27,278
	21 Total liabilities (Part X, line 26)		1,587,714	1,733,129	
	22 Net assets or fund balances. Subtract line 21 from line 20				

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	GUY PISERCHIA Type or print name and title	TREASURER			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JOSEPH NESI, CPA				P00497773
	Firm's name ▶ BKC, CPAS, PC	Firm's EIN ▶ 22-3299874			
	Firm's address ▶ 114 BROAD ST				
	FLEMINGTON, NJ 08822	Phone no. 908-782-7900			

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **659,487** including grants of\$) (Revenue \$)

THE GSWA PROMOTES CONSERVATION & THE PROTECTION OF NATURAL RESOURCES WITHIN THE GREAT SWAMP BASIN AND ESPECIALLY EFFECTS WATER QUALITY & QUANTITY; IT ALSO PROTECTS THE WATERSHED'S WETLANDS, STREAM CORRIDORS, AGRICULTURAL AND FORRESTED AREAS, AND WILDLIFE. IT ENCOURAGES ADEQUATE STORM WATER MANAGEMENT, SEDIMENT & EROSION CONTROL, AND OPEN SPACE MANAGEMENT.

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses ► **659,487**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		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	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	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		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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 "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 4	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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 12	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: <input type="checkbox"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Section A. Governing Body and Management

	1a	22	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		22		
b Enter the number of voting members included in line 1a, above, who are independent	1b	22		
2 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	
3 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			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
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?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **►**
GREAT SWAMP WATERSHED ASSOC 568 TEMPE WICK RD
MORRISTOWN NJ 07960 973-538-3500

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBRA APRUZZESE	2.00									
TRUSTEE	0.00	X						0	0	0
(2) GERRY-JO CRANMER	2.00									
TRUSTEE	0.00	X						0	0	0
(3) MICHAEL DEE	3.00									
VICE CHAIRMAN	0.00	X		X				0	0	0
(4) JAY DELANEY JR	2.00									
TRUSTEE	0.00	X						0	0	0
(5) TONY DELLAPELLE	2.00									
TRUSTEE	0.00	X						0	0	0
(6) MARY HORN	2.00									
TRUSTEE	0.00	X						0	0	0
(7) JANE KENDALL	2.00									
TRUSTEE	0.00	X						0	0	0
(8) MATT KRAUSER	2.00									
TRUSTEE	0.00	X						0	0	0
(9) TERESA LANE	2.00									
TRUSTEE	0.00	X						0	0	0
(10) CATHY LEE	2.00									
TRUSTEE	0.00	X						0	0	0
(11) JOHN NEALE	3.00									
VICE CHAIRMAN	0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) CHRIS OBROPTA	2.00									
TRUSTEE	0.00	X						0	0	0
(13) LOIS OLMSTEAD	2.00									
TRUSTEE	0.00	X						0	0	0
(14) ALAN PFEIL	2.00									
TRUSTEE	0.00	X						0	0	0
(15) KATHY PFEIL	2.00									
TRUSTEE	0.00	X						0	0	0
(16) GUY PISERCHIA	3.00									
TREASURER	0.00	X		X				0	0	0
(17) NIC PLATT	5.00									
CHAIRMAN	0.00	X		X				0	0	0
(18) ANTHONY SBLENDORIO	2.00									
TRUSTEE	0.00	X						0	0	0
(19) LISA STEVENS	2.00									
TRUSTEE	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								123,272		
d Total (add lines 1b and 1c)								123,272		

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

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

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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 232,588				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 568,162				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		800,750			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	3 Investment income (including dividends, interest, and other similar amounts)		29,255			29,255
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Other Revenue	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.		9,997			
	c Gain or (loss)		-9,997			
	d Net gain or (loss)		-9,997	-9,997		
	8a Gross income from fundraising events (not including \$ 232,588 of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue		Busn. Code			
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		820,008	-9,997	0	29,255	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	123,272	101,163	9,652	12,457
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	367,325	301,445	28,762	37,118
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	41,482	34,042	3,248	4,192
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	14,783	12,165	1,143	1,475
12 Advertising and promotion				
13 Office expenses	30,157	26,971	1,294	1,892
14 Information technology				
15 Royalties				
16 Occupancy	43,087	38,019	2,483	2,585
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	3,500	3,500		
23 Insurance	12,172	10,399	954	819
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.)				
a PROGRAM EXPENSES	161,818	131,783	5,576	24,459
b DIRECT BENEFITS TO DONORS	14,997			14,997
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	812,593	659,487	53,112	99,994
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	432,569	1	165,139
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	8,996
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 351,600		
	b Less: accumulated depreciation	10b 6,340	10c 189,097	345,260
	11 Investments—publicly traded securities	1,057,458	11	1,238,897
	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	10,202	15	2,115
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,689,326	16	1,760,407	
Liabilities	17 Accounts payable and accrued expenses	27,430	17	27,278
	18 Grants payable		18	
	19 Deferred revenue	74,182	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	101,612	26	27,278
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		1,522,634	27	1,624,667
28 Temporarily restricted net assets			28	43,382
29 Permanently restricted net assets		65,080	29	65,080
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		1,587,714	33	1,733,129
34 Total liabilities and net assets/fund balances	1,689,326	34	1,760,407	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	820,008
2	Total expenses (must equal Part IX, column (A), line 25)	2	812,593
3	Revenue less expenses. Subtract line 2 from line 1	3	7,415
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,587,714
5	Net unrealized gains (losses) on investments	5	74,454
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	63,546
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,733,129

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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.		

Form **990** (2017)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) KEVIN SULLIVAN	2.00									
TRUSTEE	0.00	X						0	0	0
(21) NADINE VITRO	2.00									
TRUSTEE	0.00	X						0	0	0
(22) GIORGIOS VLAMIS	2.00									
TRUSTEE	0.00	X						0	0	0
(23) SALLY S RUBIN	40.00									
EXEC DIR	0.00			X				123,272	0	0
1b Sub-total								123,272		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

GREAT SWAMP WATERSHED ASSOCIATION

Employer identification number

22-2403906**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2017

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,096,648	586,104	638,544	684,926	800,750	3,806,972
2 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	1,096,648	586,104	638,544	684,926	800,750	3,806,972
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3,806,972

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	1,096,648	586,104	638,544	684,926	800,750	3,806,972
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,799	21,997	26,459	26,433	29,255	124,943
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 VI.)						
11 Total support. Add lines 7 through 10						3,931,915
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	96.82%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	96.74%
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2017 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017:			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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

Draft

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2017

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

Name of the organization

Employer identification number

GREAT SWAMP WATERSHED ASSOCIATION

22-2403906

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization GREAT SWAMP WATERSHED ASSOCIATION	Employer identification number 22-2403906
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LACKLAND FAMILY FOUNDATION INC. 53 MOUNTAIN BLVD STE 204 WARREN NJ 07059-2626	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	RALPH M CESTONE FOUNDATION 2 PNC PLAZA, 30TH FLOOR 620 LIBERTY AVENUE PITTSBURGH PA 15222	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	F M KIRBY FOUNDATION 17 DEHART STREET, PO BOX 151 MORRISTOWN NJ 07963	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ROBERT J & JANE B WALLACE FOUNDATION 554 JOCKEY HOLLOW ROAD MORRISTOWN NJ 07960-4929	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	VICTORIA FOUNDATION INC. 31 MULBERRY STREET NEWARK NJ 07102	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	PETER KELLOGG 39 STEWART ROAD SHORT HILLS NJ 07078	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017**Open to Public
Inspection**

Name of the organization

Employer identification number

GREAT SWAMP WATERSHED ASSOCIATION**22-2403906****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements.

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

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

☒ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area

☒ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a 2
b Total acreage restricted by conservation easements	2b 2.85
c Number of conservation easements on a certified historic structure included in (a)	2c 0
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d 0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 4

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ▶ \$

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

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

- ☐ a Public exhibition
☐ b Scholarly research
☐ c Preservation for future generations
☐ d Loan or exchange programs
☐ e Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,057,458	1,004,107	990,669	994,453	791,964
b Contributions	121,475	1,615			
c Net investment earnings, gains, and losses	102,247	129,820	13,498	35,935	151,989
d Grants or scholarships					
e Other expenditures for facilities and programs	42,283	78,084		39,778	50,500
f Administrative expenses					
g End of year balance	1,238,897	1,057,458	1,004,107	990,610	994,453

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

- a Board designated or quasi-endowment **94.75 %**
 b Permanent endowment **5.25 %**
 c Temporarily restricted endowment **%**

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

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		334,100		334,100
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		17,500	6,340	11,160
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				345,260

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	894,462
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	74,454
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	74,454
3	Subtract line 2e from line 1	3	820,008
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	820,008

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	812,593
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	812,593
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 XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	812,593

Part XIII Supplemental Information.

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

PART II, LINE 5 - MONITORING AND ENFORCEMENT POLICY

WHEN PURCHASING LAND OR EASEMENTS, GSWA REQUESTS AN UNRESTRICTED STEWADSHIP DONATION FROM THE PROPERTY OWNER EITHER AT THE TIME OF THE TRANSACTION OR OVER A PERIOD OF SEVERAL YEARS. WHEN LAND OF EASEMENTS ARE DONATED TO GSWA, AN UNRESTRICTED DONATION WILL BE SOUGHT TO COVER THE ANTICIPATED ANNUAL STEWARDSHIP COSTS.

STEWARDSHIP AND ENFORCEMENT NEEDS AND COSTS WILL BE ASSESSED AND BUDGETED EACH FISCAL YEAR AND OCCASIONAL FUND DRIVES MAY BE HELD THAT ARE ENTIRELY DEVOTED TO STEWARDSHIP FUNDRAISING. A CONSERVATION EAEMENT STEWARDSHIP AND DEFENSE FUND WILL BE TEMPORARILY RESTRICTED IN THE ENDOWMENT FUND. THESE FUNDS ARE HELD IN RESERVE AND ARE TO BE USED ONLY

Part XIII Supplemental Information *(continued)*

FOR STEWARDSHIP AND DEFENSE OF EASEMENTS AND FEE LAND AND ONLY IN THE CASE
WHERE ROUTINE OPERATIONAL FUNDS ARE INSUFFICIENT.

PART II, LINE 9 - ACCOUNTING FOR CONSERVATION EASEMENTS

NOT RECORDED ON STATEMENTS DUE TO NO ECONOMIC VALUE AND VERY LITTLE
EXPENSE INCURRED.

Draft

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017Open to Public
Inspection

Name of the organization

GREAT SWAMP WATERSHED ASSOCIATION

Employer identification number

22-2403906**Part I****Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.**a** ☐ Mail solicitations**b** ☐ Internet and email solicitations**c** ☐ Phone solicitations**d** ☐ In-person solicitations**e** ☐ Solicitation of non-government grants**f** ☐ Solicitation of government grants**g** ☐ Special fundraising events**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? ☐ Yes ☐ No**b** If "Yes," list the 10 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 have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 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.

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	FROM CSA IMPORT (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue				
1 Gross receipts	232,588			232,588
2 Less: Contributions	232,588			232,588
3 Gross income (line 1 minus line 2)				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)				

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain:

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶\$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶\$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017**Open to Public
Inspection**

Employer identification number

GREAT SWAMP WATERSHED ASSOCIATION

22-2403906

FORM 990 - ORGANIZATION'S MISSION

THE GREAT SWAMP WATERSHED ASSOCIATION IS DEDICATED TO PROTECTING AND IMPROVING THE WATER RESOURCES OF THE PASSAIC RIVER REGION, FROM THE GREAT SWAMP HEADWATERS TO NEWARK BAY, FOR PRESENT AND FUTURE GENERATIONS. THROUGH EDUCATION, ADVOCACY, SCIENCE, LAND PRESERVATION AND STEWARDSHIP, IN COLLABORATION WITH PARTNERS, WE WORK TO INSTILL OUR COMMUNITIES WITH AN AWARENESS OF WATER'S EFFECT ON HEALTH AND THE BEAUTY OF THE ENVIRONMENT, FROM SOURCE TO SEA.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

ALAN PFEIL

KATHY PFEIL

TRUSTEE

TRUSTEE

SPOUSES

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 TAX RETURN PROVIDED TO THE ORGANIZATION FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ENFORCEMENT IS ON AN ANNUAL BASIS AND ANY CONFLICT MUST BE EVALUATED BY THE ORGANIZATION AS TO ITS IMPACT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

ALL COMPENSATION IS SUBJECT TO APPROVAL OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

Name of the organization

Employer identification number

GREAT SWAMP WATERSHED ASSOCIATION

22-2403906

ALL COMPENSATION IS SUBJECT TO APPROVAL OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Draft

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017Attachment
Sequence No. **179**

Name(s) shown on return

GREAT SWAMP WATERSHED ASSOCIATION

Identifying number

22-2403906

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,500

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year		12 yrs.		S/L	
c 40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	3,500
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
1	EQUIPMENT	5/15/94	5,893				5,893	5 HY 200DB	4,893	0
	Mass Sale: 7/01/17									
2	EQUIPMENT	2/12/95	10,866				10,866	5 HY 200DB	9,866	0
	Mass Sale: 7/01/17									
3	EQUIPMENT	12/05/96	6,631				6,631	5 HY 200DB	5,631	0
	Mass Sale: 7/01/17									
4	FAX MACHINE	3/06/97	350				350	5 HY 200DB	350	0
	Mass Sale: 7/01/17									
5	PRINTER	5/23/97	450				450	5 HY 200DB	450	0
	Mass Sale: 7/01/17									
6	ZIP DRIVE	3/26/97	150				150	5 HY 200DB	150	0
	Mass Sale: 7/01/17									
7	COMPUTER EQUIPMENT	3/14/97	4,897				4,897	5 HY 200DB	3,897	0
	Mass Sale: 7/01/17									
9	LCD PROJECTOR	7/01/97	3,263				3,263	5 HY 200DB	2,263	0
	Mass Sale: 7/01/17									
10	COMPUTER	1/01/98	3,196				3,196	5 HY 200DB	2,696	0
	Mass Sale: 7/01/17									
11	PRINTER	3/01/98	543				543	5 HY 200DB	543	0
	Mass Sale: 7/01/17									
12	COMPUTER	6/01/98	4,908				4,908	5 HY 200DB	3,908	0
	Mass Sale: 7/01/17									
13	PRINTER	8/01/98	844				844	5 HY 200DB	844	0
	Mass Sale: 7/01/17									
14	PRINTER	1/02/99	851				851	5 HY 200DB	851	0
	Mass Sale: 7/01/17									
15	TELEPHONE COMMUNICATIONS	9/02/98	537				537	5 HY 200DB	537	0
	Mass Sale: 7/01/17									
16	SHELVES-STAND	1/02/99	1,076				1,076	5 HY 200DB	1,076	0
	Mass Sale: 7/01/17									
17	COMPUTER	1/02/99	4,774				4,774	5 HY 200DB	4,274	0
	Mass Sale: 7/01/17									
18	COMPUTER	1/02/99	3,465				3,465	5 HY 200DB	2,965	0
	Mass Sale: 7/01/17									
19	COMPUTER EQUIPMENT	2/18/00	4,672				4,672	5 MQ200DB	4,172	0
	Mass Sale: 7/01/17									
20	EQUIPMENT	6/16/00	4,850				4,850	5 MQ200DB	3,850	0
	Mass Sale: 7/01/17									
21	MAP HOLDER	7/05/00	505				505	5 HY 200DB	505	0
	Mass Sale: 7/01/17									
22	DIGITAL CAMERA	7/10/00	732				732	5 HY 200DB	732	0
	Mass Sale: 7/01/17									
23	OFFICE EQUIPMENT	1/15/02	19,047			X	13,333	3 HY 200DB	18,047	0
	Mass Sale: 7/01/17									
24	TELEPHONE COMMUNICATIONS	3/31/03	2,525				2,525	5 HY 200DB	2,525	0
	Mass Sale: 7/01/17									
25	MONITORING EQUIPMENT	3/28/03	2,022				2,022	5 HY 200DB	2,022	0
	Mass Sale: 7/01/17									
26	COMPUTER SERVER	8/09/04	3,706			X	1,853	5 HY 200DB	3,706	0
	Mass Sale: 7/01/17									
27	COMPUTER	11/01/06	810				810	5 HY 200DB	810	0
	Mass Sale: 7/01/17									
28	3 COMPUTERS/1 PRINTER	1/25/07	5,118				5,118	5 HY 200DB	5,118	0
	Mass Sale: 7/01/17									
29	EQUIPMENT	2/27/07	680				680	3 HY 200DB	680	0
	Mass Sale: 7/01/17									
30	COPIER	11/23/09	8,898				8,898	5 HY 200DB	8,898	0
	Mass Sale: 7/01/17									
			<u>106,259</u>				<u>98,692</u>		<u>96,259</u>	<u>0</u>
Other Depreciation:										
31	Copier	10/01/15	8,500				8,500	5 MO S/L	2,840	1,700
32	Phone System	7/01/17	9,000				9,000	5 MO S/L	0	1,800
33	Land - Hoag	1/09/98	179,100				179,100	0 -- Land	0	0
34	Land - Tiger Lily/LaMorgese	11/09/17	155,000				155,000	0 -- Land	0	0

Federal Asset Report**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Bus %</u>	<u>Sec 179 Bonus</u>	<u>Basis for Depr</u>	<u>Per Conv Meth</u>	<u>Prior</u>	<u>Current</u>
	Total Other Depreciation		<u>351,600</u>			<u>351,600</u>		<u>2,840</u>	<u>3,500</u>
	Total ACRS and Other Depreciation		<u>351,600</u>			<u>351,600</u>		<u>2,840</u>	<u>3,500</u>
	Grand Totals		457,859			450,292		99,099	3,500
	Less: Dispositions and Transfers		106,259			98,692		96,259	0
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>351,600</u>			<u>351,600</u>		<u>2,840</u>	<u>3,500</u>

Draft

NJ Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	NJ Prior	NJ Current	Federal Current	Difference Fed - NJ
Prior MACRS:								
1	EQUIPMENT	5/15/94	5,893	5,893	4,893	0	0	0
	Mass Sale: 7/01/17							
2	EQUIPMENT	2/12/95	10,866	10,866	9,866	0	0	0
	Mass Sale: 7/01/17							
3	EQUIPMENT	12/05/96	6,631	6,631	5,631	0	0	0
	Mass Sale: 7/01/17							
4	FAX MACHINE	3/06/97	350	350	350	0	0	0
	Mass Sale: 7/01/17							
5	PRINTER	5/23/97	450	450	450	0	0	0
	Mass Sale: 7/01/17							
6	ZIP DRIVE	3/26/97	150	150	150	0	0	0
	Mass Sale: 7/01/17							
7	COMPUTER EQUIPMENT	3/14/97	4,897	4,897	3,897	0	0	0
	Mass Sale: 7/01/17							
9	LCD PROJECTOR	7/01/97	3,263	3,263	2,263	0	0	0
	Mass Sale: 7/01/17							
10	COMPUTER	1/01/98	3,196	3,196	2,696	0	0	0
	Mass Sale: 7/01/17							
11	PRINTER	3/01/98	543	543	543	0	0	0
	Mass Sale: 7/01/17							
12	COMPUTER	6/01/98	4,908	4,908	3,908	0	0	0
	Mass Sale: 7/01/17							
13	PRINTER	8/01/98	844	844	844	0	0	0
	Mass Sale: 7/01/17							
14	PRINTER	1/02/99	851	851	851	0	0	0
	Mass Sale: 7/01/17							
15	TELEPHONE COMMUNICATIONS	9/02/98	537	537	537	0	0	0
	Mass Sale: 7/01/17							
16	SHELVES-STAND	1/02/99	1,076	1,076	1,076	0	0	0
	Mass Sale: 7/01/17							
17	COMPUTER	1/02/99	4,774	4,774	4,274	0	0	0
	Mass Sale: 7/01/17							
18	COMPUTER	1/02/99	3,465	3,465	2,965	0	0	0
	Mass Sale: 7/01/17							
19	COMPUTER EQUIPMENT	2/18/00	4,672	4,672	4,172	0	0	0
	Mass Sale: 7/01/17							
20	EQUIPMENT	6/16/00	4,850	4,850	3,850	0	0	0
	Mass Sale: 7/01/17							
21	MAP HOLDER	7/05/00	505	505	505	0	0	0
	Mass Sale: 7/01/17							
22	DIGITAL CAMERA	7/10/00	732	732	732	0	0	0
	Mass Sale: 7/01/17							
23	OFFICE EQUIPMENT	1/15/02	19,047	1,000	18,047	0	0	0
	Mass Sale: 7/01/17							
24	TELEPHONE COMMUNICATIONS	3/31/03	2,525	2,525	2,525	0	0	0
	Mass Sale: 7/01/17							
25	MONITORING EQUIPMENT	3/28/03	2,022	2,022	2,022	0	0	0
	Mass Sale: 7/01/17							
26	COMPUTER SERVER	8/09/04	3,706	3,706	3,706	0	0	0
	Mass Sale: 7/01/17							
27	COMPUTER	11/01/06	810	810	810	0	0	0
	Mass Sale: 7/01/17							
28	3 COMPUTERS/1 PRINTER	1/25/07	5,118	5,118	5,118	0	0	0
	Mass Sale: 7/01/17							
29	EQUIPMENT	2/27/07	680	680	680	0	0	0
	Mass Sale: 7/01/17							
30	COPIER	11/23/09	8,898	8,898	8,898	0	0	0
	Mass Sale: 7/01/17							
			<u>106,259</u>	<u>88,212</u>	<u>96,259</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Depreciation:								
31	Copier	10/01/15	8,500	8,500	2,840	1,700	1,700	0
32	Phone System	7/01/17	0	0	0	0	1,800	1,800
33	Land - Hoag	1/09/98	0	0	0	0	0	0
34	Land - Tiger Lily/LaMorgese	11/09/17	0	0	0	0	0	0

NJ Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NJ Prior	NJ Current	Federal Current	Difference Fed - NJ
	Total Other Depreciation		8,500	8,500	2,840	1,700	3,500	1,800
	Total ACRS and Other Depreciation		8,500	8,500	2,840	1,700	3,500	1,800
	Grand Totals		114,759	96,712	99,099	1,700	3,500	1,800
	Less: Dispositions		106,259	88,212	96,259	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		8,500	8,500	2,840	1,700	3,500	1,800

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NY Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NY Prior	NY Current	Federal Current	Difference Fed - NY
Prior MACRS:								
1	EQUIPMENT	5/15/94	5,893	5,893	5,893	0	0	0
	Mass Sale: 7/01/17							
2	EQUIPMENT	2/12/95	10,866	10,866	10,866	0	0	0
	Mass Sale: 7/01/17							
3	EQUIPMENT	12/05/96	6,631	6,631	6,631	0	0	0
	Mass Sale: 7/01/17							
4	FAX MACHINE	3/06/97	350	350	350	0	0	0
	Mass Sale: 7/01/17							
5	PRINTER	5/23/97	450	450	450	0	0	0
	Mass Sale: 7/01/17							
6	ZIP DRIVE	3/26/97	150	150	150	0	0	0
	Mass Sale: 7/01/17							
7	COMPUTER EQUIPMENT	3/14/97	4,897	4,897	4,897	0	0	0
	Mass Sale: 7/01/17							
9	LCD PROJECTOR	7/01/97	3,263	3,263	3,263	0	0	0
	Mass Sale: 7/01/17							
10	COMPUTER	1/01/98	3,196	3,196	3,196	0	0	0
	Mass Sale: 7/01/17							
11	PRINTER	3/01/98	543	543	543	0	0	0
	Mass Sale: 7/01/17							
12	COMPUTER	6/01/98	4,908	4,908	4,908	0	0	0
	Mass Sale: 7/01/17							
13	PRINTER	8/01/98	844	844	844	0	0	0
	Mass Sale: 7/01/17							
14	PRINTER	1/02/99	851	851	851	0	0	0
	Mass Sale: 7/01/17							
15	TELEPHONE COMMUNICATIONS	9/02/98	537	537	537	0	0	0
	Mass Sale: 7/01/17							
16	SHELVES-STAND	1/02/99	1,076	1,076	1,076	0	0	0
	Mass Sale: 7/01/17							
17	COMPUTER	1/02/99	4,774	4,774	4,774	0	0	0
	Mass Sale: 7/01/17							
18	COMPUTER	1/02/99	3,465	3,465	3,465	0	0	0
	Mass Sale: 7/01/17							
19	COMPUTER EQUIPMENT	2/18/00	4,672	4,672	4,672	0	0	0
	Mass Sale: 7/01/17							
20	EQUIPMENT	6/16/00	4,850	4,850	4,850	0	0	0
	Mass Sale: 7/01/17							
21	MAP HOLDER	7/05/00	505	505	505	0	0	0
	Mass Sale: 7/01/17							
22	DIGITAL CAMERA	7/10/00	732	732	732	0	0	0
	Mass Sale: 7/01/17							
23	OFFICE EQUIPMENT	1/15/02	19,047	13,333	19,047	0	0	0
	Mass Sale: 7/01/17							
24	TELEPHONE COMMUNICATIONS	3/31/03	2,525	2,525	2,525	0	0	0
	Mass Sale: 7/01/17							
25	MONITORING EQUIPMENT	3/28/03	2,022	2,022	2,022	0	0	0
	Mass Sale: 7/01/17							
26	COMPUTER SERVER	8/09/04	3,706	3,706	3,706	0	0	0
	Mass Sale: 7/01/17							
27	COMPUTER	11/01/06	810	810	810	0	0	0
	Mass Sale: 7/01/17							
28	3 COMPUTERS/1 PRINTER	1/25/07	5,118	5,118	5,118	0	0	0
	Mass Sale: 7/01/17							
29	EQUIPMENT	2/27/07	680	680	680	0	0	0
	Mass Sale: 7/01/17							
30	COPIER	11/23/09	8,898	8,898	8,898	0	0	0
	Mass Sale: 7/01/17							
			<u>106,259</u>	<u>100,545</u>	<u>106,259</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Depreciation:								
31	Copier	10/01/15	8,500	8,500	2,840	1,700	1,700	0
32	Phone System	7/01/17	0	0	0	0	1,800	1,800
33	Land - Hoag	1/09/98	0	0	0	0	0	0
34	Land - Tiger Lily/LaMorgese	11/09/17	0	0	0	0	0	0

NY Asset Report**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Basis for Depr</u>	<u>NY Prior</u>	<u>NY Current</u>	<u>Federal Current</u>	<u>Difference Fed - NY</u>
	Total Other Depreciation		<u>8,500</u>	<u>8,500</u>	<u>2,840</u>	<u>1,700</u>	<u>3,500</u>	<u>1,800</u>
	Total ACRS and Other Depreciation		<u>8,500</u>	<u>8,500</u>	<u>2,840</u>	<u>1,700</u>	<u>3,500</u>	<u>1,800</u>
	Grand Totals		114,759	109,045	109,099	1,700	3,500	1,800
	Less: Dispositions		106,259	100,545	106,259	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>8,500</u>	<u>8,500</u>	<u>2,840</u>	<u>1,700</u>	<u>3,500</u>	<u>1,800</u>

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AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
1	EQUIPMENT	5/15/94	5,893				5,893	5 HY 150DB	4,893	0
	Mass Sale: 7/01/17									
2	EQUIPMENT	2/12/95	10,866				10,866	5 HY 150DB	9,866	0
	Mass Sale: 7/01/17									
3	EQUIPMENT	12/05/96	6,631				6,631	5 HY 150DB	5,631	0
	Mass Sale: 7/01/17									
4	FAX MACHINE	3/06/97	350				350	5 HY 150DB	350	0
	Mass Sale: 7/01/17									
5	PRINTER	5/23/97	450				450	5 HY 150DB	450	0
	Mass Sale: 7/01/17									
6	ZIP DRIVE	3/26/97	150				150	5 HY 150DB	150	0
	Mass Sale: 7/01/17									
7	COMPUTER EQUIPMENT	3/14/97	4,897				4,897	5 HY 150DB	3,897	0
	Mass Sale: 7/01/17									
9	LCD PROJECTOR	7/01/97	3,263				3,263	5 HY 150DB	2,263	0
	Mass Sale: 7/01/17									
10	COMPUTER	1/01/98	3,196				3,196	5 HY 150DB	2,696	0
	Mass Sale: 7/01/17									
11	PRINTER	3/01/98	543				543	5 HY 150DB	543	0
	Mass Sale: 7/01/17									
12	COMPUTER	6/01/98	4,908				4,908	5 HY 150DB	3,908	0
	Mass Sale: 7/01/17									
13	PRINTER	8/01/98	844				844	5 HY 150DB	844	0
	Mass Sale: 7/01/17									
14	PRINTER	1/02/99	851				851	5 HY 150DB	851	0
	Mass Sale: 7/01/17									
15	TELEPHONE COMMUNICATIONS	9/02/98	537				537	5 HY 150DB	537	0
	Mass Sale: 7/01/17									
16	SHELVES-STAND	1/02/99	1,076				1,076	5 HY 150DB	1,076	0
	Mass Sale: 7/01/17									
17	COMPUTER	1/02/99	4,774				4,774	5 HY 150DB	4,274	0
	Mass Sale: 7/01/17									
18	COMPUTER	1/02/99	3,465				3,465	5 HY 150DB	2,965	0
	Mass Sale: 7/01/17									
19	COMPUTER EQUIPMENT	2/18/00	4,672				4,672	5 MQ150DB	4,172	0
	Mass Sale: 7/01/17									
20	EQUIPMENT	6/16/00	4,850				4,850	5 MQ150DB	3,850	0
	Mass Sale: 7/01/17									
21	MAP HOLDER	7/05/00	505				505	5 HY 150DB	505	0
	Mass Sale: 7/01/17									
22	DIGITAL CAMERA	7/10/00	732				732	5 HY 150DB	732	0
	Mass Sale: 7/01/17									
23	OFFICE EQUIPMENT	1/15/02	19,047		X	X	1,000	3 HY 150DB	18,047	0
	Mass Sale: 7/01/17									
24	TELEPHONE COMMUNICATIONS	3/31/03	2,525				2,525	5 HY 200DB	2,525	0
	Mass Sale: 7/01/17									
25	MONITORING EQUIPMENT	3/28/03	2,022				2,022	5 HY 150DB	2,022	0
	Mass Sale: 7/01/17									
26	COMPUTER SERVER	8/09/04	3,706			X	1,853	5 HY 200DB	3,706	0
	Mass Sale: 7/01/17									
27	COMPUTER	11/01/06	810				810	5 HY 150DB	810	0
	Mass Sale: 7/01/17									
28	3 COMPUTERS/1 PRINTER	1/25/07	5,118				5,118	5 HY 150DB	5,118	0
	Mass Sale: 7/01/17									
29	EQUIPMENT	2/27/07	680				680	3 HY 150DB	680	0
	Mass Sale: 7/01/17									
30	COPIER	11/23/09	8,898				8,898	5 HY 150DB	8,898	0
	Mass Sale: 7/01/17									
			<u>106,259</u>				<u>86,359</u>		<u>96,259</u>	<u>0</u>
Other Depreciation:										
31	Copier	10/01/15	0				0	0 HY	0	0
32	Phone System	7/01/17	9,000				9,000	5 MO S/L	0	1,800
33	Land - Hoag	1/09/98	0				0	0 HY	0	0
34	Land - Tiger Lily/LaMorgese	11/09/17	0				0	0 HY	0	0

AMT Asset Report**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Bus %</u>	<u>Sec 179 Bonus</u>	<u>Basis for Depr</u>	<u>PerConv Meth</u>	<u>Prior</u>	<u>Current</u>
	Total Other Depreciation		<u>9,000</u>			<u>9,000</u>		<u>0</u>	<u>1,800</u>
	Total ACRS and Other Depreciation		<u>9,000</u>			<u>9,000</u>		<u>0</u>	<u>1,800</u>
	Grand Totals		115,259			95,359		96,259	1,800
	Less: Dispositions and Transfers		<u>106,259</u>			<u>86,359</u>		<u>96,259</u>	<u>0</u>
	Net Grand Totals		<u>9,000</u>			<u>9,000</u>		<u>0</u>	<u>1,800</u>

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Bonus Depreciation Report

FYE: 6/30/2018

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
23	OFFICE EQUIPMENT	1/15/02	19,047		0	0	5,714	13,333
26	COMPUTER SERVER	8/09/04	3,706		0	0	1,853	1,853
	Form 990, Page 1		22,753		0	0	7,567	15,186
	*Less: Dispositions and Transfers		22,753		0	0	7,567	15,186
	Net Form 990, Page 1		0		0	0	0	0
	Grand Total		22,753		0	0	7,567	15,186
	Less: Dispositions and Transfers		22,753		0	0	7,567	15,186
	Net Grand Total		0		0	0	0	0

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Depreciation Adjustment Report**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	1	EQUIPMENT	0	0	0
Page 1	1	2	EQUIPMENT	0	0	0
Page 1	1	3	EQUIPMENT	0	0	0
Page 1	1	4	FAX MACHINE	0	0	0
Page 1	1	5	PRINTER	0	0	0
Page 1	1	6	ZIP DRIVE	0	0	0
Page 1	1	7	COMPUTER EQUIPMENT	0	0	0
Page 1	1	9	LCD PROJECTOR	0	0	0
Page 1	1	10	COMPUTER	0	0	0
Page 1	1	11	PRINTER	0	0	0
Page 1	1	12	COMPUTER	0	0	0
Page 1	1	13	PRINTER	0	0	0
Page 1	1	14	PRINTER	0	0	0
Page 1	1	15	TELEPHONE COMMUNICATIONS	0	0	0
Page 1	1	16	SHELVES-STAND	0	0	0
Page 1	1	17	COMPUTER	0	0	0
Page 1	1	18	COMPUTER	0	0	0
Page 1	1	19	COMPUTER EQUIPMENT	0	0	0
Page 1	1	20	EQUIPMENT	0	0	0
Page 1	1	21	MAP HOLDER	0	0	0
Page 1	1	22	DIGITAL CAMERA	0	0	0
Page 1	1	23	OFFICE EQUIPMENT	0	0	0
Page 1	1	24	TELEPHONE COMMUNICATIONS	0	0	0
Page 1	1	25	MONITORING EQUIPMENT	0	0	0
Page 1	1	26	COMPUTER SERVER	0	0	0
Page 1	1	27	COMPUTER	0	0	0
Page 1	1	28	3 COMPUTERS/1 PRINTER	0	0	0
Page 1	1	29	EQUIPMENT	0	0	0
Page 1	1	30	COPIER	0	0	0
				<u>0</u>	<u>0</u>	<u>0</u>
				<u>0</u>	<u>0</u>	<u>0</u>

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<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Other Depreciation:</u>					
31	Copier	10/01/15	8,500	1,700	0
32	Phone System	7/01/17	9,000	1,800	1,800
33	Land - Hoag	1/09/98	179,100	0	0
34	Land - Tiger Lily/LaMorgese	11/09/17	155,000	0	0
Total Other Depreciation			<u>351,600</u>	<u>3,500</u>	<u>1,800</u>
Total ACRS and Other Depreciation			<u>351,600</u>	<u>3,500</u>	<u>1,800</u>
Grand Totals			<u>351,600</u>	<u>3,500</u>	<u>1,800</u>

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<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NJ</u>
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Other Depreciation:

31	Copier	10/01/15	8,500	1,700
32	Phone System	7/01/17	0	0
33	Land - Hoag	1/09/98	0	0
34	Land - Tiger Lily/LaMorgese	11/09/17	0	0

Total Other Depreciation			<u>8,500</u>	<u>1,700</u>
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Total ACRS and Other Depreciation			<u>8,500</u>	<u>1,700</u>
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Grand Totals			<u>8,500</u>	<u>1,700</u>
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<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>NY</u>
<u>Other Depreciation:</u>				
31	Copier	10/01/15	8,500	1,700
32	Phone System	7/01/17	0	0
33	Land - Hoag	1/09/98	0	0
34	Land - Tiger Lily/LaMorgese	11/09/17	0	0
Total Other Depreciation			<u>8,500</u>	<u>1,700</u>
Total ACRS and Other Depreciation			<u>8,500</u>	<u>1,700</u>
Grand Totals			<u>8,500</u>	<u>1,700</u>

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Form **990****Two Year Comparison Report****2016 & 2017**For calendar year 2017, or tax year beginning **07/01/17**, ending **06/30/18**

Name

Taxpayer Identification Number

GREAT SWAMP WATERSHED ASSOCIATION**22-2403906**

		2016	2017	Differences
Revenue	1. Contributions, gifts, grants	1. 684,926	800,750	115,824
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 30		-30
	5. Investment income	5. 26,433	29,255	2,822
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7. 15,195	-9,997	-25,192
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 726,584	820,008	93,424
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14. 9,694		-9,694
	15. Compensation of officers, directors, trustees, etc.	15.	123,272	123,272
	16. Salaries, other compensation, and employee benefits	16. 440,411	408,807	-31,604
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 14,225	14,783	558
	19. Occupancy, rent, utilities, and maintenance	19. 43,170	43,087	-83
	20. Depreciation and Depletion	20.	3,500	3,500
	21. Other expenses	21. 211,742	219,144	7,402
	22. Total expenses. Add lines 13 through 21	22. 719,242	812,593	93,351
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 7,342	7,415	73
Other Information	24. Total exempt revenue	24. 726,584	820,008	93,424
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 41,658	19,258	-22,400
	27. Total assets	27. 1,689,326	1,760,407	71,081
	28. Total liabilities	28. 101,612	27,278	-74,334
	29. Retained earnings	29. 1,587,714	1,733,129	145,415
	30. Number of voting members of governing body	30. 21	22	
	31. Number of independent voting members of governing body	31. 21	22	
	32. Number of employees	32. 12	12	
	33. Number of volunteers	33. 300	300	

Form 990	Tax Return History					2017
Name GREAT SWAMP WATERSHED ASSOCIATION						Employer Identification Number 22-2403906

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants	1,096,648	586,104	638,544	684,926	800,750	
Membership dues						
Program service revenue	1,874	614	140	30		
Capital gain or loss			1,279	15,195	-9,997	
Investment income	25,751	21,997	26,459	26,433	29,255	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue	1,124,273	608,715	666,422	726,584	820,008	
Grants and similar amounts paid	200,000					
Benefits paid to or for members		11,555	14,277	9,694		
Compensation of officers, etc.		93,710	113,047		123,272	
Other compensation	359,798	300,286	286,073	440,411	408,807	
Professional fees	198,651	13,665	7,211	14,225	14,783	
Occupancy costs	47,957	44,800	38,085	43,170	43,087	
Depreciation and depletion	1,025	513			3,500	
Other expenses	130,171	166,255	161,897	211,742	219,144	
Total expenses	937,602	630,784	620,590	719,242	812,593	
Excess or (Deficit)	186,671	-22,069	45,832	7,342	7,415	
Total exempt revenue	1,124,273	608,715	666,422	726,584	820,008	
Total unrelated revenue						
Total excludable revenue	27,625	22,611	27,878	41,658	19,258	
Total Assets	1,535,239	1,555,800	1,523,590	1,689,326	1,760,407	
Total Liabilities	73,348	100,385	33,841	101,612	27,278	
Net Fund Balances	1,461,891	1,455,415	1,489,749	1,587,714	1,733,129	

Form 990T	Tax Return History					2017
Name GREAT SWAMP WATERSHED ASSOCIATION					Employer Identification Number 22-2403906	

	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

Form 990T	Tax Return History					2017
Name GREAT SWAMP WATERSHED ASSOCIATION						Employer Identification Number 22-2403906

	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000					
Income after expense and deductions	-1,000					
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses

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New York Diagnostics

Critical Messages

None

Informational Messages

- ☐ Force field entered with data "A" on Screen NYChar
- ☐ Electronic filing for the federal return is indicated; Form CHAR500 must be paper filed; The form is not available for electronic filing by software providers through the New York Department of Taxation
- ☐ Attach copy of the Independent Public Accountant's Audit with notes
- ☐ Date of tax exemption claimed from is required entry for Form CT-247

Missing Data

Prior Year Data

New York General and Exemption

- | | |
|---|---------|
| <input type="checkbox"/> Date tax exemption claimed | 2/15/17 |
| <input type="checkbox"/> Date of exemption from FIT | 6/01/81 |
| <input type="checkbox"/> Form CT-247 previously filed | X |

New York Electronic Filing

- | | |
|---|---|
| <input type="checkbox"/> Suppress New York e-file | X |
| <input type="checkbox"/> Suppress extension efile | X |

New York Payments and Extensions

- | | |
|--|---------|
| <input type="checkbox"/> Extended due date CHAR500 | 5/15/18 |
|--|---------|

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Return Summary

For calendar year 2017, or tax year beginning 07-01-17, and ending 06-30-18

22-2403906

GREAT SWAMP WATERSHED ASSOCIATION

Income

Federal unrelated business income _____
 NYS Article 13 tax _____
 Additions for S corporations _____
 Other additions _____

Income

Other income _____
 S corporation subtractions _____
 Other subtractions _____

Total subtractions

State net operating loss deduction _____

Taxable income _____

Apportionment percentage _____%

Apportioned taxable income

Taxes / Credits / Payments

Tax on taxable income _____
 Minimum tax _____

Tax

Paid with extension _____
 Estimated tax payments _____
 Other payments _____

Total payments

Overpayment applied to next year's estimated tax _____

Net tax due

Additions to Tax

Interest on late payments _____
 Failure to file penalty _____
 Failure to pay penalty _____

total additions

Balance due

Refund

Form CHAR500 - Annual Filing Information

Total support / revenue 820,008
 Net assets 1,733,129

Filing Fees

Article 7-A 25
 Estates / trust law _____
Total 25

Miscellaneous Information

Amended return _____
 Return / extended due dates:
 Form CHAR500 11-15-18
 Form CT-13 _____

Next Year's Estimates

2nd installment _____
 3rd installment _____
 4th installment _____
Total _____

Filing Instructions

Great Swamp Watershed Association

New York Annual Report

Taxable Year Ended June 30, 2018

Date Due: AS SOON AS POSSIBLE

Remittance: The filing fee for the tax year ended 6/30/18 is \$25. Include a check payable to the New York State Department of Law and write "State Registration Number 45-67-71, for the year ended 6/30/18" on the check.

Mail To: NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Signature: Form CHAR500 should be signed and dated by two appropriate officers.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2017
Open to Public
Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2017 and Ending (mm/dd/yyyy) 06/30/2018

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization:	Employer Identification Number (EIN):
	GREAT SWAMP WATERSHED ASSOCIATION	22-2403906
	Mailing Address:	NY Registration Number:
	568 TEMPE WICK RD	45-67-71
	City / State / Zip:	Telephone:
MORRISTOWN NJ 07960	973-538-3500	
	Website:	Email:
	HTTP://WWW.GREATSWAMP.ORG	SRUBIN@GREATSWAMP.ORG
Check your organization's registration category: <input checked="" type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT*		
Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:	Signature	Print Name and Title	Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- ☐ **3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- ☐ **3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25</u>	EPTL filing fee: \$ <u> </u>	Total fee: \$ <u>25</u>	Make a single check or money order payable to: "Department of Law"
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GREAT SWAMP WATERSHED ASSOCIATION 22-2403906

CHAR500**Annual Filing Checklist**

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- ☐ If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- ☐ If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- ☒ IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- ☒ All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- ☐ Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- ☐ Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- ☒ Audit Report if you received total revenue and support greater than \$750,000
- ☐ No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- ☐ We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- ☐ \$0, if you checked the 7A exemption in Part 3a
- ☒ \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- ☐ \$0, if you checked the EPTL exemption in Part 3b
- ☐ \$25, if the NET WORTH is less than \$50,000
- ☐ \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- ☐ \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- ☐ \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- ☐ \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- ☐ \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

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Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).