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Form **990**

(Rev January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public

Internal Revenue Service		nue Service	► Go to www.irs.gov/Form990 for instructions and the late	st information	<u> </u>	Inspection						
A	For the	2019 calend	dar year, or tax year beginning, 2019, and end	ing		, 20						
В	Check if	applicable.	C Name of organization GREENWATCH INSTITUTE		D Emple	oyer identification number						
	Address	change	Doing business as			345040						
_	Name cl	•	Number and street (or P.O box if mail is not delivered to street address)	Room/suite		none number						
_	Initial ref	•	226 JEFFREY DRIVE			(302)388-2999						
-				 -	(302)	300 2333						
		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			4 004 510						
=	Amende		MIDDLETOWN, DE 19709			receipts \$ 294,519.						
	Applicat		F Name and address of principal officer:			up return for subordinates? 🔲 Yes 🗵 No						
	_		BRENNA GOGGIN, PO BOX 700, HOCKESSIN, DE 1970			ubordinates included? Yes No						
<u></u>	Tax-exe	mpt status.	501(c)(3)	If "No	o," attach a lis	st. (see instructions)						
<u>J</u>	Website	: F GREEN	WATCHINSTITUTE.ORG U	H(c) Grou	p exemption	number ▶						
K	Form of	organization 🗵	Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of form	nation 199	3 M State	of legal domicile DE						
P	art I	Summa	ry	·								
	1		cribe the organization's mission or most significant activities: GREE	NWATCH IN	ISTITUT	E IS DEDICATED						
ģ												
Ĕ		TO THE PROTECTION AND ENHANCEMEMENT OF THE ENVIRONMENT IN THE REGION OF THE DELAWARE RIVER ESTUARY.										
Ĕ	2		box ► ☐ if the organization discontinued its operations or dispose	d of more the	n 25% of	ite not accote						
Governance	3				1 1	_						
g						7						
S	4		independent voting members of the governing body (Part VI, line 1	•	T							
Ě	5		per of individuals employed in calendar year 2019 (Part V, line 2a)		 	0						
Activities &	6		per of volunteers (estimate if necessary)		. 6	0						
Ř	7a		ated business revenue from Part VIII, column (C), line 12		. 7a	0.						
	b	Net unrelat	ed business taxable income from Form 990-T, line 39		7b	0.						
			- OFWED	Prior Y	ear	Current Year						
du	8	Contributio	ons and grants (Part VIII, line 1h) RECFIVED									
Ž	9	Program se	ervice revenue (Part VIII, line 2g)									
Revenue	10	Investment		1	3,132.	62,169.						
ď	11	Other revei	3,132.	02/103.								
	12		nue (Part VIII, column (A), lines 5, 6d, 8 c O c, 10c, and 11e) [9 ue—add lines 8 through 11 (must equal Par t VIII, column (A), line (12)	1	3,132.	62,169.						
	13		I similar amounts paid (Part IX, column A), line (13)									
	14				9,500.	24,500.						
			aid to or for members (Part IX, column (A), line 4)	ļ								
Expenses	15		her compensation, employee benefits (Part IX, column (A), lines 5–10)									
ens	16a		al fundraising fees (Part IX, column (A), line 11e)									
×	b		aising expenses (Part IX, column (D), line 25)									
ш	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	ļ	3,647.	3,781.						
	18	Total exper	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2	3,147.	28,281.						
_	19	Revenue le	ss expenses. Subtract line 18 from line 12	1	0 <u>,0</u> 15.	33,888.						
Net Assets or Fund Balances				Beginning of C	urrent Year	End of Year						
ets lan	20	Total asset	s (Part X, line 16)	29	6,592.	330,480.						
Ass 1Ba	21		ties (Part X, line 26)		0.	0.						
ž š	22		or fund balances. Subtract line 21 from line 20	29	6,592.	330,480.						
Pa	rt II		re Block		<u> </u>							
			Leclare that I have examined this return, including accompanying schedules and sta	tements and to	the best of m	v knowledge and belief it is						
true	o, correct	t, and complete	Declaration of preparer (other than officer) is based on all information of which prepare	rer has any know	ledge,	,, memorgo am roman, ma						
					5/1/	1111						
Sig	ın	Signati	ure of officer		ate L	<i></i>						
_		1.		0.	210 p							
He	re		DRAH M HEATON, TREASURER									
			r print name and title									
Рa	Ыi	Print/Type	preparer's signature	6/26/20	Check D	_						
	epare	self-emp	loyed P00740283									
	-	Curata acar	ne ►THOMAS J. WELDE, CPA	Fire	n's ElN ▶							
US	e Onl	V	ress ► P.O. BOX 5684, WILMINGTON, DE 19808			02)998-6557						
May	the IF		his return with the preparer shown above? (see instructions)			. ⊠Yes □ No						

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
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? <i>If</i> "Yes," complete Schedule C, Part II	4		
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 98-197 If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	M Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		×
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>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
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.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	_×	

Part.	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on S		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other.				
-101	a financial account in a foreign country (such as a bank account, securities account, or other final		4a		×
b	If "Yes," enter the name of the foreign country ▶				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter		5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,0		-		
	organization solicit any contributions that were not tax deductible as charitable contributions		6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such gifts were not tax deductible?	contributions or	6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and	northy for goods			
а	and services provided to the payor?	partly for goods	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property				
С	required to file Form 8282?	or which it was	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		^
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal l		7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f		×
	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f	-	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m				
	sponsoring organization have excess business holdings at any time during the year?		8		
	Sponsoring organizations maintaining donor advised funds.				
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per		9b		-
	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:				
	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.)	116			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedul	e O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year? .		14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in				
	excess parachute payment(s) during the year?		15		
	If "Yes," see instructions and file Form 4720, Schedule N.				
	Is the organization an educational institution subject to the section 4968 excise tax on net inve	stment income?	16		
	If "Yes." complete Form 4720, Schedule O.				

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on A. Governing Body and Management			
			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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 7			
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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6		×
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	_	×
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	×	<u> </u>
ь 9	Each committee with authority to act on behalf of the governing body?	8b	<u>×</u>	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue Co</u>		
10a	Did the arganization have local chapters, branches, or officiates?	10a	Yes	No X
b	Did the organization have local chapters, branches, or affiliates?	IUa		<u> </u>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		×
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
С	describe in Schedule O how this was done	12c		i
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
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?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		×
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
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	401		
Sacti	organization's exempt status with respect to such arrangements?	16b		<u> </u>
<u> </u>	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O)	「(Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re			30

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any current	officer, director,	or trustee.	
(A) Name and title	(B) Average	box,	unles er and	Pos neck ss pe	rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation from the organization and related organizations	
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		
(1) BRENNA GOGGIN PRESIDENT				×							
(2) KATE HUTELMYER VICE PRESIDENT				×							
(3) DEBORAH M. HEATON TREASURER				×							
(4) MICHAEL MCGRATH SECRETARY				×							
(5)											
(6) *											
(7)											
(8)							!				
(9)											
(10)											
(11)											
(12)											
(13)							-				
(14)									\ <u></u>		

Part	VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, ar	nd F	lighest Compe	nsated E	mplo	yees (continued,
	(A) Name and title		(B) (B) (C) Position (do not check more that box, unless person is b officer and a director/tr					n an	(D) Reportable compensation	(E) Reportable compensation from related	ation	(F) Estimated amount of other
-		per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rela organizat (W-2/1099-	tions	compensation from the organization and related organizations
(15)												
(16)												
(18)			-					-				
(19)						_						
(20)						_		_		<u></u>		
					<u> </u>							
(23)												
												<u> </u>
(25)										<u>-</u>		
1b	Subtotal					L		 				
c d	Total from continuation sheets to Part		n A					▶				
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	ho received more	e than \$10	00,000	of
3	Did the organization list any former employee on line 1a? If "Yes," complete	officer, dire						-	oyee, or highes			Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ole (com	per	nsatio	n a	nd other comper	nsation fro	m the	4 ×
5	Did any person listed on line 1a receive of for services rendered to the organization											
Section	on B. Independent Contractors				-						•	
1	Complete this table for your five high compensation from the organization. Rep											
	(A) Name and business add	Iress							(B) Description of serv	rices	((C) Compensation
2	Total number of independent contractor	ors (includir	יים איי	t n	ot I	imit	ed to	th	ose listed above	e) who		
~	received more than \$100,000 of compens								COS HOLEG ADOV	o, ******		

Pan	VIII		naa ar nata ta ai	ov line in this Da	vet 1/111		
		Check if Schedule O contains a respo	rise or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
इ इ	1a	Federated campaigns 1a		,			-
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b				ĺ	; •
ھَ ₹	C	Fundraising events 1c					
ifts	d	Related organizations 1d					:
n, G	e	Government grants (contributions) 1e		,	i i		
ons Sia	f	All other contributions, gifts, grants,			1		
ž žį		and similar amounts not included above 1f			(
£ ₹	g	Noncash contributions included in]		
Cont and		lines 1a–1f , <u>1g</u>	<u> \$</u>			ļ	
O a	<u>h</u>	Total. Add lines 1a-1f	<u>. , , . </u>				
a)	_		Business Code				·
<u>vi</u> č	2a						
Ser	b		 -				
m S	C						
Program Service Revenue	d						
jo _	•	All other program service revenue					
D.	g	Total. Add lines 2a–2f					
	3	Investment income (including dividend			·	·	<u> </u>
		other similar amounts)		7,289.	0.	0.	7,289.
	4	Income from investment of tax-exempt b				·,	
	5	Royalties	▶				
		(i) Roal	(ii) Personal				
	6a	Gross rents Ca				ļ	
	b	Less; rental expenses 6b		The same of the same of	and any many or the same	mane and the second	م سسسه عبانه و مسسسه ر
	Ü	Rental micome of (loss) Uc		,			
ĺ	d	Net rental income or (loss)	<u> </u>				
	7a	Gross amount from (i) Securities	(ii) Othor				1
		sales of assets					
		other than inventory 7a 287,230.					
evenue	b	Less: cost or other basis					
Ver	_	and sales expenses . 7b 232,350.					-
	_	Gain or (loss)		54,880.	0.	0.	54 000
Other R	d	Net gain or (loss)	 	34,880.	υ. 1		54, <u>880</u> .
ਨੋ	8a	Gross income from fundraising events (not including \$	1	.:	4		
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Loss: direct expenses 8b	+	-	1		
	C	Net income or (loss) from fundraising even					
	9a	· · · · · · · · · · · · · · · · · · ·	1				
		activities. See Part IV, line 19 9a		*			
	b	Less: direct expenses 9b		•			
	С	Net income or (loss) from gaming activiti	ies >				
	10a	Gross sales of inventory, less					
		returns and allowances 10a					
1	b	Less; cost of goods sold 10b					
	C	Net income or (loss) from sales of invent				1992	
s	'		Business Code		î de la companya de l		-
e e	11a						
scellaneo Revenue	b						
6 G	C	***************************************					
Miscellaneous Revenue	d	All other revenue			 		
<u>-</u>	<u>е</u> 12	Total revenue See instructions	<u> </u>	62,169.	0.	0.	62,169.
	14	Total revenue. See instructions	<u> – </u>	02,109.			02,109.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a response		in this Part IX .		
	ot include amounts reported on lines 6b, 7b, o, 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 .	24,500.	24,500.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	24,500.	24,500.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			e e	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 - 8	Other salaries and wages				
9 10 11	Other employee benefits				
a b	Management				
c d e	Accounting	975.	0.	975.	0.
f g	Investment management fees Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .				
12 13 14	Advertising and promotion				
15 16	Royalties				
17 18	Travel				 ,
19 20 21	Conferences, conventions, and meetings Interest Payments to affiliates	252.	0.	252.	0.
22 23	Depreciation, depletion, and amortization . Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedulo O.)				
a b	WEBSITE COSTS MISCELLANEOUS	2,481. 73.	0.	2,481.	0.
c d e 25	All other expenses Total functional expenses. Add lines 1 through 24e	28,281.	24,500.	3,781.	0.
<u>26</u>	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 ▶ ☐ if following SOP 98-2 (ASC 958-720)	20,201.	24,300.	3,701.	

	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Par	rt X		
_	<u> </u>	enoute a conceder of contents a respense of moto to any mile in time is a	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	22,495.	2	22,952.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	<u> </u>	4	
	- 5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
ţ	7	Notes and loans receivable, net		7	·
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a		1	
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	274,097.	11	307,528.
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	296,592.	16	330,480.
	17	Accounts payable and accrued expenses	0.	17	0.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	<u>22</u>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	3.	į t	
api		controlled entity or family member of any of these persons		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	0.	26	0.
nces		Organizations that follow FASB ASC 958, check here ► ☐ and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	<u> </u>	27	
8	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ⊠ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	296,592.	29	330,480.
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
155	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	296,592.	32	330,480.
ž	33	Total liabilities and net assets/fund balances	296,592.	33	330,480.

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		· · · ·	[]	
1 -	Total revenue (must equal Part VIII, column (A), line 12)	1		62,169	<u>-</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		28,281	•	
3	Revenue less expenses. Subtract line 2 from line 1	3		33,888	<u>. </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	96,592	<u>. </u>	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	3	30,480	<u>. </u>	
Part	XII Financial Statements and Reporting			_	_	
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·	· · ·	Yes No		
1	1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	×	_	
	If "Yes," check a box below to indicate whether the financial statements for the year were conreviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		or			
Ь	Were the organization's financial statements audited by an independent accountant?		2b	×		
*	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	ted on	a .			
С	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt? .	2c	,		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.			7.4		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?		3a	×	_	
b 	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	ergo tl udits .	3b		_	
	REV 06/02/20 PRO		For	n 990 (201	9)	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2019

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

GREENWATCH INSTITUTE	51-0345040
Pt VI, Line 11b: FORM 990 IS REVIEWED BY THE TREASURER PRIOR TO F	ILING THE RETURN.
Pt VI, Line 19: INFORMATION IS MADE AVAILABLE UPON REQUEST AND BOARD APPROVAL.	
Pt III, Line 4d:	
Expenses: \$7,000 including grants of: \$7,000 Revenue: \$0	
Description: BRANDYWINE CONSERVANCY & MUSEUM OF ART - GRANT TO	
PARTIALLY FUND THE MODENA BOROUGH-BRANDYWINE CREEK POCKET PARK.	
Expenses: \$3,000 including grants of: \$3,000 Revenue: \$0	
Description: PARTNERSHIP FOR THE DELAWARE ESTUARY - GRANT TO	
FUND THE DELAWARE ESTUARY WATERSHED TEACHER WORKSHOPS.	
Expenses: \$3,000 including grants of: \$3,000 Revenue: \$0	
Description: DELAWARE NATURE SOCIETY - GRANT TO FUND REIMAGININ	G
OUTREACH & EDUCATION FOR THE CLEAN WATER CAMPAIGN (\$2,500); GRANT FOR A CHILD/O	CHILDREN TO ATTEND SUMMER CAMP
OR PARTICIPATE IN A PROGRAM (\$500).	•••••
Expenses: \$500 including grants of: \$500 Revenue: \$0	
Description: ST ANDREWS SCHOOL - GRANT TO PARTIALLY FUND THE	
PROJECT WATER QUALITY MONITORING AND STREAM BIO-ASSESSMENTS IN TH	E POSSUM CREEK WATERSHED.
Expenses: \$1,000 including grants of: \$1,000 Revenue: \$0	
Description: DELAWARE COMMUNITY FOUNDATION - GRANT TO	
SPONSOR DE ENVIRONMENTAL YOUTH SUMMIT.	
*	