Form	9	90			-	ization Exe	-						.0MB № 1545-0047 20 06
		f the Treasury			bene	947(a)(1) of the inte fit trust or private	founda	tion)					Open to Public Inspection
_	-	ue Service				ise a copy of this re				_			
	For th	le 2006 ca		year, or tax year t		1/1/2006	, 200	io, and	d ending		31/20 Emplo		, 20 Itification number
6	heck if a	applicable	Please uae IRS	C Name of organizati								yer iden	
] A	ddress	change	tabel or	GREENPEACE						_	9	one run	0175939
] N	ame cl	hange	print or type		-	f mail is not delivered	io street	acoress	s) Room/suite				
] fr	utial ret	tum	See Specific	1118 Maunawili							(808		263-4388
] F	inal ret	um	Instruc- tions.	City or town, state	• ·	and 21P + 4				F			. 🔲 Cash 📝 Accrual
] A	mende	d return		Kailua, HI 9673					Hand Lara p			her (spe	city) tion 527 organizations.
] A	pplicati	on pending				i 4947(a)(1) nonexen edule A (Form 990 or			H(a) Is this a	grou	p retur	n for affi	liates? 📋 Yes 🗹 No
V	Vebsite	a: 🕨 http	://www	.greenpeacefou	ndation.co	om			H(b) If "Yes," H(c) Are all a				iliates ► [] Yes [] No
C	Organiz	ation type	(check o	nly ane) 🕨 🗾 501(c) (3) ◄ (i	nsert no.) 🔲 4947(a)	(1) or [527	1				structions.)
c	Check	here 🕨 🔽	if the c	organization is not a	509(a)(3) sup	porting organization a	ind its g	ross	H(d) is this a	separ	ate retu	rn filed by	yan
n	ecerpts	are normali	ly not mo	ne than \$25,000 A ret		uned, but if the organi							p ruling? 🗌 Yes 🖌 No
te	o file a	return, be s	ure to file	e a complete retum					Group E				
6	-maa i	receints. A	Add lines	s 6b, 8b, 9b, and 1	Oh to line 1	2 > 189	27						anization is not required 0, 990-EZ, or 990-PF).
	rt I					Net Assets or		Bala		_			
	1			gifts, grants, and									<u> </u>
	a			o donor advised			1a	[6,4	30			
	_			apport (not includ	•	1a)	1b			0			
		-		support (not inclu			10		5,2	88			
				intributions (grant		•	1d			0	1		
	e	Total (ac	ld lines	1a through 1d) (c	ash \$	11,718 nonc	ash \$	······	0)		1e		11,718
1	2	Total (add lines 1a through 1d) (cash \$1718 noncash \$0) Program service revenue including government fees and contracts (from Part VII, line 93)								•	2		0
		-	embership dues and assessments								3		0
ļ						vestments					4		5,530
	5			• •	•						5		36
	6a						6a	1		0	,		
1	b			penses			6b			0			
						b from line 6a					6c		C
,				nt income (descri				-)	7		0
	8a	Gross a	mount	from sales of ass	ets other	(A) Securities		(B) Other				
:		than inv	entory			1,64	3 8a	L		0			
	b	Less: cos	t or oth	er basis and sales	expenses	1,61	8 8b	ļ		0			
	С	Gain or ((loss) (a	attach schedule)	Stmt 1	2	5 <u>8c</u>	<u> </u>		0	~		
	d	Net gain	or (lose	s). Combine line 8	c, columns	(A) and (B)					8d		25
	9	Special e	vents ar	nd activities (attach	schedule). I	f any amount is from) gamin	g, che	eck here 🕨 🗌]			
	а	Gross re	evenue	(not including \$ _		0 of				_	(i	1	
		contribu	tions re	eported on line 1	o)		9a	 	· <u> </u>	0			
	Ь	Less: di	rect exp	penses other that	n fundraisi	ng expenses .	_9b		<u> </u>	0			
	С	Net inco	me or i	(loss) from specia	al events.	Subtract line 9b f	rom lin	e 9a			9c		0
	10a			inventory, less re	turns and	allowances	<u>10a</u>		·····	0			
	b	Less: co	ost of g	oods sold			10b	L		0			
ĺ	C	Gross pro	ofit or (lo	oss) from sales of in	ventory (att	ach schedule). Subt	ract line	106 fi	rom (ine 10a		10c		0
	11			(from Part VII, lin				• •			11		0
	12					7, 8d, 9c, 10c, and	_	<u>.</u>			12		17,309
	13	Program	servic	es (from line 44,	column (E	»» . .	Re	QE			13		5,421
	14	Manage	ment a	nd general (from	line 44, co	olumn (C))		• •		اد	14		895
Í	15			om line 44, colum		· · · ·	••••	·	3.2007	31	15		
	16			filiates (attach sc		200 · · · · · · · · · · · · · · · · · ·	AUG	.1.k	3:2007	b	16		0
ļ	17	Total ex	pense	s. Add lines 16 a	nd 44, col	umn (A) 🕴 🧎	<u> </u>	<u></u>	<u>اا ر</u>	<u> </u>	17		6,403
	18					ne 17 from line 1		DE	N. UT.		18		10,906
	1 9					of year (from line	<u>73. čo</u>	lumn	(A)		19		121,904
	20					ices (attach expla			Stm	et 2	20		39
-	21					Combine lines 18,			<u> </u>		21	L	132,849
or	Privac	y Act and	d Paper	work Reduction A	ct Notice.	see the separate i	nstructi	ons.	Cat No 1128	2Y			Form 990 (2006

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y

617

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VERVELORE A AUG 1 0 2007,

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
2a	Grants paid from donor advised funds (attach schedule)					
	(cash \$)		o	o		و به و اس
	If this amount includes foreign grants, check here \blacktriangleright	22a	U	U		ł
2b						· }
	(cash \$)	22b	o	0	v	
	If this amount includes foreign grants, check here 🕨 🗌		U		·' ·	
3	Specific assistance to individuals (attach schedule)	23	0	0	, ,	
1	Benefits paid to or for members (attach schedule)	24	0	0		
5a	Compensation of current officers, directors, key employees, etc. listed in Part V-A					
		25a	0	0	0	0
b	Compensation of former officers, directors,					
-	key employees, etc. listed in Part V-B					
		25b	0	0	0	0
с	Compensation and other distributions, not included above, to					
	disqualified persons (as defined under section 4958(f)(1)) and					-
	persons described in section 4958(c)(3)(B)	25c	0	0		0
6	Salaries and wages of employees not included					•
	on lines 25a, b, and c	26	0	0	0	0
7	Pension plan contributions not included on lines 25a, b, and c	27	0	0	0	0
8	Employee benefits not included on lines					-
	25a - 27	28	0	0	0	0
9	Payroll taxes	29	0	0	0	0
)	Professional fundraising fees	30	0	0	0	0
1	Accounting fees	31	0	0	0	0
2	Legal fees	32	0	0	0	0
3	Supplies	33	3,051	2,535	485 62	<u> </u>
4	Telephone	34	127	115	11	1
5	Postage and shipping	35	1,200	1.080	120	0
5		37	0	1,080	0	0
7	Equipment rental and maintenance	38	0	0	0	0
3	Printing and publications	39	0	0	0	0
3	Travel	40	0	0	0	0
2	Conferences, conventions, and meetings	41	0	0	0	0
1 2	Interest	42	459	459	0	0 Str
3 a	Other expenses not covered above (itemize): See Statement 4	43a	938	666	217	55
a b		43b				
C		43c	h			· · · · · · · · · · · · · · · · · · ·
d		43d				
e		43e				· · · · · · · · · · · · · · · · · · ·
ť		431				
g		43g				
•						
4	Total functional expenses. Add lines 22a through 43g. (Organizations completing		}			
	columns (B)-(D), carry these totals to lines					
	13–15)	44	6,403	5,421	895	87

Form 990 (2006)

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's primary exempt purpose? Environmental and Wildlife Protection	Program Service
All of c	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others	 (4) orgs, and 4947(a)(1)
а	See Statement 5	
	(Grants and allocations \$) If this amount includes foreign grants, check here ► (<u></u>
b		
		1
	(Grants and allocations \$) If this amount includes foreign grants, check here ► [
с		
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	3
d		
	(Grants and allocations \$) If this amount includes foreign grants, check here	
е	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ►	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).	5,421

	n 990 (2				<u>.</u>		Page 4
Pa	nt IV	Balance Sheets (See the instructions	s.)	······································			
٨	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only.	within	the description	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing	0	45	0		
	46	Savings and temporary cash investments .			120,084	46	130,757
	47a	Accounts receivable	47a	0			
	b	Less: allowance for doubtful accounts ,	47b	0	0	47c	0
	48a	Pledges receivable	48 a	0	_	- "-	
	1	Less: allowance for doubtful accounts	48b	0	0	++	0
	49 50a	Grants receivable			•		
	1	key employees (attach schedule)			0	50a	0
	b	Receivables from other disqualified persons 4958(f)(1)) and persons described in section 495	0	50b	0		
	51a	Other notes and loans receivable (attach					
Assets	.	schedule)	51a 51b		0	51c	0
As	-	Inventories for sale or use	· · · · · · · · · · · · · · · · · · ·		0	++	0
	53	Prepaid expenses and deferred charges			0	53	0
		Investments-publicly-traded securities , ,	I	Cost FMV	1,579		0
	b	Investments-other secunties (attach sched	ule) 🖡	Cost PMV	0	54b	0
	55a	Investments—land, buildings, and equipment: basis	55a	0			
	Ь	Less: accumulated depreciation (attach	55b	0	o	55c	n
	56	schedule)	Laura		0	++	0
		Land, buildings, and equipment: basis	57a	4,183			
	1	Less: accumulated depreciation (attach schedule) Stmt 6	57b	2,879	596	57c	1,304
	58	Other assets, including program-related invi					
	59)	0 122,259	++	1,458
—		Total assets (must equal line 74). Add lines			355	++	<u>133,519</u> 670
	60 61	Accounts payable and accrued expenses .				++	0
	62	Grants payable			0	++	0
ŝ	63	Loans from officers, directors, trustees, an		1			
ilities		schedule)			0	++	0
Liabil	64a	Tax-exempt bond liabilities (attach schedule	≥)		0		0
	b	Mortgages and other notes payable (attach			0	+	0
	65	Other liabilities (describe ►)	0	65	0
	66			· · · · · ·	355	66	670
	Orga	anizations that follow SFAS 117, check here 6 67 through 69 and lines 73 and 74.		and complete lines			
ş	67	Unrestricted			121,894	67	132,789
lan	68	Temporarily restricted			10		60
89	69	Permanently restricted			0	69	0
Fund Balances	Orga	anizations that do not follow SFAS 117, chec complete lines 70 through 74.					
P	70	Capital stock, trust principal, or current fund	ds			70	
ŝts	71	Paid-in or capital surplus, or land, building,				71	
SSE	72	Retained earnings, endowment, accumulate	d inco	me, or other funds		72	
Net Assets	73	Total net assets or fund balances. Add lin 70 through 72. (Column (A) must equal line					
~		equal line 21)			121,904	_	132,849
	74	Total liabilities and net assets/fund balance	es. Ad	d lines 66 and 73	122,259	74	133,519

Form	990 (2006)						Page 5
Pa	rt IV-A	Reconciliation of Revenue per Aud instructions.)	ited Financial Statem	ents With Rev	enue pe	er Return	n (See the
а	Total reve	enue, gains, and other support per audito	ed financial statements			а	
b	Amounts	included on line a but not on Part I, line	12:				
1	Net unrea	alized gains on investments		b1		4	
2	Donated	services and use of facilities		b2		4	
3	Recovern	es of prior year grants		b3		4 1	
4	Other (sp	ecify):					
				b 4			
		b1 through b4			• •	b	
C		line b from line a			• •	<u>с</u>	
d		included on Part I, line 12, but not on li		d1			
1		nt expenses not included on Part I, line (
2	•••	ecify):		d2			
		d1 and d2				d	
е		renue (Part I, line 12). Add lines c and d				e	
-Pa	rt IV-B					per Retu	
а	Total exp	enses and losses per audited financial s				a	· · · · · · · · · · · · · · · · · · ·
b		included on line a but not on Part I, line			• •		
-1		services and use of facilities		b1			
2		r adjustments reported on Part I, line 20		b2];	
3	•	eported on Part I, line 20		b3]	
4		ecify):					
		·····		b4			
	Add lines	b1 through b4				b	
С	Subtract	line b from line a				c	
d	Amounts	included on Part I, line 17, but not on lii	ne a:				
1	Investme	nt expenses not included on Part I, line	6b	d1			
2	Other (sp	ecify):					
				d2		l	
_		d1 and d2				d	
Ba		conses (Part I, line 17). Add lines c and				e	
r a		Current Officers, Directors, Trustees or key employee at any time during the year	ar even if they were not	compensated.) (S	ee the in:	structions)
		(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)		tions to employ ans & deferred isation plans	(E) Expense account and other allowances
See	e Stateme	nt 8		1	[
	••••••••			Į	ļ		
<u> </u>	<u> </u>	· ····································					
				1			
		··· ··································					
		······································		}			
					[
		······································					
							}
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>		
			1				
			i	L	<u> </u>		

Form 990 (2006)					P	age 6
Part V-A Current Officers, Directors, Trustees	s, and Key Employe	es (continued)			Yes	No
75a Enter the total number of officers, directors, and transmettings		· · · · ► _	3			1
b Are any officers, directors, trustees, or key employ employees listed in Schedule A, Part I, or hig contractors listed in Schedule A, Part II-A or relationships? If "Yes," attach a statement that ide	hest compensated p II-B, related to each	orofessional and other through	other independent family or business	Stm 75b	t 9 7	
 c Do any officers, directors, trustees, or key compensated employees listed in Schedule A, independent contractors listed in Schedule A, organizations, whether tax exempt or taxable, the the definition of "related organization.". If "Yes," attach a statement that includes the information of the organization have a written conflict of information. 	Part I, or highest co Part II-A or II-B, rec at are related to the o	ompensated prof eive compensati rganization? See	essional and other on from any other	75c		
Part V-B Former Officers, Directors, Trustees, and officer, director, trustee, or key employee reperson below and enter the amount of comp	Key Employees That I ceived compensation o	r other benefits (de	escribed below) during	fits (II the y	f any f ear, lu	
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expen int and owance	other
	-					
			<u></u>			
······						
						<u> </u>
	-					

Pai	rt VI Other Information (See the instructions.)	,	Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	1	~
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		-
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		~
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	•	
	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<u>80a</u>		
þ	If "Yes," enter the name of the organization and check whether it is exempt or nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) [81a] 0	j ·		
b		81b		1

	990 (2006)		F	age 7
Pa	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	~	,
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.			
832	(See instructions in Part III.)	832	1	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	~	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		~
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		¹
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		- 1	
С	Dues, assessments, and similar amounts from members	1		
d	Section 162(e) lobbying and political expenditures	ł	}	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	{ .		1
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	05-	` لم تعامله	Sin wet
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		1	
	Gross receipts, included on line 12, for public use of club facilities	1	· ۱	i ,
87	501(c)(12) orgs Enter: a Gross income from members or shareholders	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	-14 - 2 - 2	-
	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		~
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		~
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization		I.	
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	h	
9	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	 	-
80>	List the states with which a copy of this return is filed ► None			
	Number of employees employed in the pay period that includes March 12, 2006 (See			
	Instructions.)	-263-4	1388	0
	Located at ▶ 1118 Maunawili Road, Kailua, HI ZIP + 4 ▶	734		•••••
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	91b	+	1
	account)?		1	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	1	1	1

Form 990 (2006)						F	Page 8
Part VI Other Information (continued)	······					Yes	No
 c At any time during the calendar year, did If "Yes," enter the name of the foreign cc 92 Section 4947(a)(1) nonexempt chantable is and enter the amount of tax-exempt inter 	ountry ► trusts filing Form 990) in lieu of Form	1041 —Check	here			
Part VII Analysis of Income-Producing		the second s					
Note: Enter gross amounts unless otherwise		business income	Excluded by sec	tion 512, 513, or 514		(E)	
indicated.	(A)	(B)	(C)	(D)		elated	
93 Program service revenue:	Business code		Exclusion code	Amount		ncom	
ab			-				
С			<u>}</u>				
d							
6			Į		 		<u> </u>
f Medicare/Medicaid payments							
g Fees and contracts from government age				· · · · · · · · · · · · · · · · · · ·	┟────		
94 Membership dues and assessments			14	5,530			
 95 Interest on savings and temporary cash invest 96 Dividends and interest from securities 			14	36			<u> </u>
97 Net rental income or (loss) from real esta				•	<u>├</u> ──	`	
a debt-financed property							
b not debt-financed property							
98 Net rental income or (loss) from personal pro							
99 Other investment income							
100 Gain or (loss) from sales of assets other than inv	1		14	25	 		
101 Net income or (loss) from special events	s.						
102 Gross profit or (loss) from sales of inven	itory	+			<u> </u>		
103 Other revenue: a			<u> </u>				
b							
C			+		}	·····	
d			1				
e 104 Subtotal (add columns (B), (D), and (E))		0		5,591			0
105 Total (add line 104, columns (B), (D), and (E))	d (E))		······································	•	<u> </u>		5,591
Note: Line 105 plus line 1e, Part I, should equa							
Part VIII Relationship of Activities to th	e Accomplishment	of Exempt Purp	ooses (See th	e instructions.)			
Line No. Explain how each activity for which in of the organization's exempt purpose				importantly to the	acco	mplish	nnent
		,,,					
Part IX Information Regarding Taxable	Subsidiaries and D	lisregarded Entit	ties (See the	instructions.)			
(A) Name, address, and EIN of corporation,	(B) Percentage of	(C)		(D)	En	(E) id-of-y	
partnership, or disregarded entity	ownership interest	Nature of a	ctivities	Total income		assets	
	%						
	%						
	%	, ,,					
	%	nonal Dara th C		ha instructions 1	<u> </u>		
Part X Information Regarding Transfers			· · · ·				
 (a) Did the organization, during the year, receive any fu (b) Did the organization, during the year, pa Note: If "Yes" to (b), file Form 8870 and For 	y premiums, directly	or indirectly, on				es 🗹	

i.

Form 990	D (2006)						F	age 9
Part	XI. Information Regarding				tities. Comp	lete only if the o		_
	is a controlling organization			<u> </u>	efined in sect	on 512(b)(13) of	Yes	No
100	the Code? If "Yes," complete the						<u> </u>	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number			C) otion of sfer	(D Amount of		íer
8		-						
b		-						
c								
	Totals	· · · · · · · · · · · · · · · · · · ·	,	، تى بەر	* *			
107	Did the reporting organization red 512(b)(13) of the Code? If "Yes,"					section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number		(C Descrip tran) ition of	(D Amount of		ier
a		-						
6								
c		-						
	Totals		1	· · ·				
108	Did the organization have a bindi rents, royalties, and annuities des				2006, coverin	g the interest,	Yes	No
Please Sign	e	I have examined this return, includ	ling ac	companying sch	on all information	of which preparer has a $8-10-0$	aný kno	wledge wledge
Here	Signature of officer				Dat	le .		
	Type or print name and title							
Paid	Preparer's signature			Date	Check if self- employed ►	Preparer's SSN or PTIN	See Gen	, Inst. X)

EIN

Phone no 🕨 (

÷

)



Preparer's

Use Only

Firm's name (or yours if self-employed), address, and ZIP + 4

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2006

Supplementary Information—(See separa	te instructions.)
MUST be completed by the above organizations and attach	ed to their Form 990 or 990-F7

Department of th		 Supplementary MUST be completed by th 	y information-(See se	•	-	
nternal Revenue	organization		e above organizations and a		Employer identifica	tion number
	ACE FOU		ant Daid Employees O	thes Thes Offic		
Part I		nsation of the Five High				ing Trustees
(a) Name a	and address	of each employee paid more \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None						
	•		····			
				<u></u>		
			· · · · · · · · · · · · · · · · · · ·			
	<u>_</u>		······			
fotal number		ployees paid over \$50,000 .	0	· · · ·	· · · · · · · · · · · · · · · · · · ·	
Part II-A	Compe	ensation of the Five High	est Paid Independent C	Contractors for	Professional Se	
(a) N		ge 2 of the instructions. List			of service	(c) Compensation
None		iless of each independent contractor	pate more man \$50,000		OI SEIVICE	(u) compensation
				1		
				ł		
						······
				ļ		
Total numb	er of others	receiving over \$50,000 for		{		
professiona			0			· 'i
Part II-B		ensation of the Five Highe				
		ch contractor who perform			vices, whether ind	dividuals or
(a) N		iress of each independent contractor		T	of service	(c) Compensation
None						
						·····
	··					
	. =	· ·		ļ		
				4		
Total numb	er of other	contractors receiving over	·····	<u> </u>	<u></u>	
\$50,000 for		5	0	-		
For Paperworf	Reduction A	Act Notice, see the Instructions for Fo	rm 990 and Form 990-EZ.	Cat No 11285F	Schedule A (Form	n 990 or 990-EZ) 20
					•	

Sche	dule A (Form 990 or 990-EZ) 2006		F	Page 2
Pa	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including a attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses part or incurred in connection with the lobbying activities \triangleright \$0 (Must equal amounts on line 3 = 0 (Must equal amounts on line 3 = 0 = 0)	aid		
	Part VI-A, or line i of Part VI-B.)	ner		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with a substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, with any taxable organization with which any such person is affiliated as an officer, director, trustee, major owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining a transactions.)	or rity		
а	Sale, exchange, or leasing of property?	2 a		~
b	Lending of money or other extension of credit?	2b	 	~
с	Furnishing of goods, services, or facilities?	_2c		~
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		~
e	Transfer of any part of its income or assets?	2e		~
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	ion 3a		~
b	Did the organization have a section 403(b) annuity plan for its employees?	<u>3b</u>	ļ	~
C	Did the organization receive or hold an easement for conservation purposes, including easements to preserve op space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	en <u>3c</u>		~
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	. <u>3d</u>	<u> </u>	~
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	<u>4a</u>	 	~
b	Did the organization make any taxable distributions under section 4966?	46	<u> </u>	
с	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	1	~
d	Enter the total number of donor advised funds owned at the end of the tax year	▶		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	▶		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advis funds included on line 4d) where donors have the right to provide advice on the distribution or investment amounts in such funds or accounts			0
9	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	▶		0

Sche	dule /	A (Form 990 or 990-EZ)	2006					Page 3
Pa	rt (N	Reason for	Non-Private	Foundation S	Status (See pages 4	through 7 o	f the instruct	tions.)
l cer	tıfy t	hat the organization	n is not a privat	e foundation bec	ause it is (Please check	only ONE app	olicable box)	
5		A church, convention	on of churches	, or association of	of churches. Section 170	(b)(1)(A)(i).		
6		A school. Section	170(b)(1)(A)(ii). (Also complete Pa	art V)			
7		A hospital or a coo	perative hospit	tal service organi:	zation. Section 170(b)(1)(A)(iii).		
8		A federal, state, or	local governme	ent or governmer	ntal unit. Section 170(b)(1	i)(A)(v).		
9					nction with a hospital. Se			e hospital's name, city,
10		An organization ope (Also complete the s		-	or university owned or op	perated by a go	overnmental un	rt. Section 170(b)(1)(A)(iv).
11a		An organization tha 170(b)(1)(A)(vi). (Als	•			i governmental	unit or from th	e general public. Section
11b		A community trust.	Section 170(b))(1)(A)(vi). (Also co	omplete the Support Scl	hedule in Part	IV-A.)	
12		from activities relat from gross investm	ed to its charitation to its charitation of the second s	able, etc , function ad unrelated busi	nssubject to certain ex	ceptions, and ss section 511	(2) no more the tax) from bus	b fees, and gross receipts nan 33%% of its support sinesses acquired by the A.)
13								and otherwise meets the
		Type I			hat describes the type of III-Functionally Integration		Type III-Othe	2r
	<u>.</u> .		following info		ne supported organizati			
Na	me((a) s) of supported org	ganization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organizatio the sup organiz	d) upported on listed in oporting zation's documents?	(e) Amount of support
						Yes	No	
		· · · · · · · · · · · · · · · · · · ·						
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
_ Tota	il.	· · · · · · ·		L	<u> </u>	l · · _ · · ·		0

Total ٣

14 An organization organized and operated to test for public safety Section 509(a)(4). (See page 7 of the instructions.)

Sche	dule A (Form 990 or 990-EZ) 2006					_	Page 4
Par	t IV-A Support Schedule (Complete only	/ if you checked a	box on line 10,	11, or 12.) Use a	ash meth	od of	accounting.
	: You may use the worksheet in the instructions	for converting fro					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2004	(c) 2003	(d) 200)2	(e) Total
15	Gifts, grants, and contributions received. (Do						
	not include unusual grants. See line 28.) .	11,718	8,716	9,607		5,122	35,163
16	Membership fees received	0	0	0		0	0
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of				I		
	facilities in any activity that is related to the		-				
	organization's charitable, etc., purpose	0	0	0		0	0
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired						
	by the organization after June 30, 1975	5,566	3,477	1,163		377	10,583
19	Net income from unrelated business					{	······
	activities not included in line 18.	0	0	0		0	0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	0	0	0		0	0
21	The value of services or facilities furnished to						
	the organization by a governmental unit without charge. Do not include the value of						
	services or facilities generally furnished to the						
	public without charge	0	0	0		0	0
22	Other income. Attach a schedule. Do not					-	
	include gain or (loss) from sale of capital assets	0	G	31		0	31 St
23	Total of lines 15 through 22	17,284	12,193	10,801		5,499	45,777
24	Line 23 minus line 17	17,284	12,193	<u>10,801</u>		5,499	45,777
25	Enter 1% of line 23	173	122	108		55	
26	Organizations described on lines 10 or 11:	a Enter 2% of a	mount in colum	n (e), line 24	. 🕨	26a	<u>916</u>
ь	Prepare a list for your records to show the nan	ne of and amount	contributed by e	each person (oth	er than a	{ }	-, *
-	governmental unit or publicly supported organiz		•	• •			
	amount shown in line 26a. Do not file this list wi	i th your return. En	ter the total of all	these excess am	ounts Þ	26b	0
С	Total support for section 509(a)(1) test: Enter lin	ne 24, column (e)			🕨	26c	45,777
d	Add: Amounts from column (e) for lines: 18 .		19			·	<u></u>
	22	<u> </u>	26b	<u> </u>	. 🕨	26d	10,614
e	Public support (line 26c minus line 26d total)	• • • • • • •	• • • • • •		🕨	26e	35,163
f	Public support percentage (line 26e (numera	tor) divided by li	ne 26c (denomi	nator))	🕨	26f	77 %
27	Organizations described on line 12: a Fo person," prepare a list for your records to show Do not file this list with your return. Enter the (2005)	the name of, and to sum of such am	otal amounts rec ounts for each y	eived in each yea ear:	ir from, eac	h "disc	qualified person."
b	For any amount included in line 17 that was recensively show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year:	ved from each pers year, that was more 5 through 11b, as w the larger amount	on (other than "d e than the larger (ell as individuals.) described in (1) o	isqualified person: of (1) the amount i Do not file this li or (2), enter the si	s"), prepare on line 25 fe st with you um of these	a list f or the y r return a differe	for your records to year or (2) \$5,000. After computing ences (the excess
_	(2005) (2004)				. (2002) .	•••••	
С	Add: Amounts from column (e) for lines: 15 17 20		21		•	27c	
		and line 27b total					
d							, <u></u>
e ø	Public support (line 27c total minus line 27d to Total support for section 509(a)(2) test. Enter a	nall,	3 column (a)	▶ 27f	🏴		
ſ	Public support percentage (line 27e (numera					27g	%
9 h	Investment income percentage (line 27e (numera					27h	<u>%</u>
28	Unusual Grants: For an organization describe prepare a list for your records to show, for ear description of the nature of the grant Do not f	ch year, the name	of the contribut	tor, the date and	amount o	f the g	rant, and a brief

-	dule A (Form 990 or 990-EZ) 2006		F	age 5
Pai	TV Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	~~~~	,]
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	~ ~ •	, to f g
				· · · · · · · · · · · · · · · · · · ·
32 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	<u>32a</u>	•••• ·••	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		· ·	
33	Does the organization discriminate by race in any way with respect to:			· · ·
a	Students' rights or privileges?	33a		
b	Admissions policies?	<u>33b</u>		<u> </u>
c	Employment of faculty or administrative staff?	<u>33c</u>		
q	Scholarships or other financial assistance?	<u>33d</u>		
e	Educational policies?	<u>33e</u>		
f	Use of facilities?	<u>33f</u>		<u> </u>
g	Athletic programs?	33g		
h	Other extracurricular activities?	<u>33h</u>		- 21
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	 	
b	Has the organization's right to such aid ever been revoked or suspended?	<u>34b</u>		<u> </u>
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Pa	t VI-A Lobbying Expenditures by Electing Public Charities (See page 10 (To be completed ONLY by an eligible organization that filed Form		e instructions.)
Che	k ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checke		d "limited control"	provisions apply.
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		1
37	Total lobbying expenditures to influence a legislative body (direct lobbying).	37		
38	Total lobbying expenditures (add lines 36 and 37)	38	0	
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0	
41	Lobbying nontaxable amount. Enter the amount from the following table	1	· · · · · · ·	
	If the amount on line 40 is The lobbying nontaxable amount is		×1.5	. e
	Not over \$500,000 20% of the amount on line 40 20% Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 \$100,000 plus 15% of the excess over \$500,000	(n i e antica a ser antico	Ful 3
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	0	
	Over \$1,500,000 but not over \$17,000,000. \$225,000 plus 5% of the excess over \$1,500,000	1.		
	Over \$17,000,000	42	0	
12	Grassroots nontaxable amount (enter 25% of line 41).	43	0	Į
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0	<u>+</u>

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

		Lob	bying Expenditu	res During 4-Ye	ar Averag	ing Pe	riod
	Calendar year (or fiscal year beginning in} ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	3	(e) Total
45	Lobbying nontaxable amount	0	0	0		0	0
46	Lobbying ceiling amount (150% of line 45(e))	6	-		-		0
47	Total lobbying expenditures	0	0	0		0	0
48	Grassroots nontaxable amount	0	0	0		0	0
49	Grassroots ceiling amount (150% of line 48(e))				· ·	- "	0
50	Grassroots lobbying expenditures	0	0	0		0	0
Pa	rt VI-B Lobbying Activity by Nonelec (For reporting only by organization)			Part VI-A) (See	page 13	of the	e instructions.)
	ng the year, did the organization attempt to influence public opinion on a legislative m				iny Yes	No	Amount
a b c	Volunteers Paid staff or management (Include compensation Media advertisements		eported on lines				
d	Mailings to members, legislators, or the public	<i></i>					
e f g	Publications, or published or broadcast statemer Grants to other organizations for lobbying purp Direct contact with legislators, their staffs, gove	oses			.		· · · · · · · · · · · · · · · · · · ·
h i	Rallies, demonstrations, seminars, conventions, Total lobbying expenditures (Add lines c throug If "Yes" to any of the above, also attach a state	speeches, lectu h h.)	res, or any other	means			

Part V	A (Form 990 or 990-EZ)		ransfers To and Transa	ctions and Relationshin	s With Nor		Page i itable
	Exempt Or	ganizations (Se	e page 13 of the instruction	ns.)	<u> </u>		
			indirectly engage in any of the 1(c)(3) organizations) or in section			ed in s	sectio
			to a noncharitable exempt orga			Yes	No
			· · · · · · · · · · · ·		51a(i		~
	Other assets				a(ii)		1
•••	ner transactions:				. [
		es of assets with a	noncharitable exempt organization	tion	b(i)		~
••	•		itable exempt organization		b(ii)		1
			ner assets		b(iii)		~
• •					b(iv)		~
		-			b(v)		~
	-		ship or fundraising solicitations		b(vi)		~
			sts, other assets, or paid emplo		C	1	~
d lft go	he answer to any of ods, other assets, o	the above is "Yes," or services given by	complete the following schedule the reporting organization. If the column (d) the value of the good	. Column (b) should always show he organization received less the	v the fair marke ian fair market	t value value	e of th
(a) Line no	(b) Amount involved	Name of nonc	(c) chantable exempt organization	(d) Description of transfers, transaction	ns, and sharing a	rrangem	nents
	+						<u> </u>
	1						
	1		, <u></u> , <u></u> , <u></u> ,				
. <u> </u>							
	1						
	<u> </u>			<u> </u>			
					······		
de		01(c) of the Code (affiliated with, or related to, or other than section 501(c)(3)) or a		ations	es 😰	2 No
	(a) Name of organiz	zation	(b) Type of organization	(c) Description of	relationship		
	···· · <u>·</u> · · · · · · · ·		· · · · · · · · · · · · · · · ·	<u> </u>			
			· · · · · · · · · · · · · · · · · · ·				
	·····					<u></u>	
			· · · · · · · · · · · · · · · · · · ·				
	······						

Statement 1 Form 990 Page 1 Part I Question 8 GREENPEACE FOUNDATION 99-0175939

Sales of Assets Other than inventory

Publicly Traded Securities

Description: Sold To:

Sales Price:	\$1,643 00	Date Sold:	
Expense of Sale:	\$0 00	Date acquired:	
Cost or value when acquired:	\$1,618 00	How acquired:	
Depreciation since acquistion:	\$0 00		
Net Sale:	\$25.00		

Statement 2 Form 990	GREENPEACE FOUNDATION 99-017593
Page 1 Part I	
Question 20	
	Mat Assistance Frend Dalaman
Other changes in	Net Assets or Fund Balances
Explanation	Amount

_

Total:

-

\$39.00

Statement 3 Form 990	GREENPEACE FOUNDATION 99-0175939
Page 2	
Part II	
Question 42	
Deprec	lation and Depletion
	Current
Asset	Deprec.
Equipment	\$459 00
Total	\$459.00

Statement 4 Form 990 Page 2 Part II Question 43

GREENPEACE FOUNDATION 99-0175939

Attachment listing other expenses for Part II Description Pgm Services Total: Mgt and General Fundrasing State Registration Fees \$3 00 \$0 00 \$3 00 \$0 00 Miscellaneous Admin Expenses \$156 00 \$0 00 \$0 00 \$156 00 Equipment Purchases \$518 00 \$518 00 \$0 00 \$0 00 Financial Services \$0 00 \$113 00 \$58 00 \$55 00 Education and Outreach via the \$148 00 \$148.00 \$0 00 \$0 00 Total: \$938.00 \$666.00 \$217.00 \$55.00

Statement 5	CE FOUNDATION	
Form 990		99-0175939
Page 3		
Part III		
Question		
	Program Services	
Achievement		Pgm. Svc. Exp.
	ograms Environmental & wildlife protection marine mammals, s, Hawaiian wildlife, educational content for students, teachers,	\$5,421 00
Grants and Allocations:	\$0.00 This amount includes foreign grants: N/A	
	Total:	\$5,421.00

Statement 6 Form 990 Page 4 Part IV		GREENPI	EACE FOUNDATION 99-0175939
Question 57			
S	chedule of Land, Buildings and Equip	ment	
Description	Cost	Depreciation	Book Value
Equipment	\$4,183 00	\$2,879 00	\$1,304 00

-

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Statement 7 Form 990 Page 4 Part. IV Question 58

GREENPEACE FOUNDATION 99-0175939

Other Assets

Asset Description	BOY Amount	EOY Amount		
Undeposited Funds	\$0 00	\$1,458 00		
Total:	\$0.00	\$1,458.00		

Statement 8 Form 990 Page 5 Part V Question

GREENPEACE FOUNDATION 99-0175939

	Officers, Directors, Trustees, and Key Employees				
Name and	Address	Hrs	Comp.	Benefits	Expenses
Don White	~ ~ /	1	\$0 00	\$0 00	\$0.00
Trtle	VP/Sec/Treasurer				
Addr 1 Addr 2	1118 Maunawili Road				
CSZ Country	Kailua, HI 96734 United States				
Jessica Ma	lcolm	1	\$0 00	\$0 00	
Title	Board Member				
Addr 1 Addr 2	61-555 Pohaku Way				
CSZ	Halerwa, HI 96795				
Country	United States				
- Sue White	- •	3	\$0.00	\$0 00	\$0 00
Title	President/Board Memb				
Addr 1 Addr 2	1118 Maunawili Road				
CSZ	Kailua, HI 96734				
Country	United States				
TOTALS			\$0.00	\$0.00	\$0.00

Statement 9		DATION
Form 990	99-0175939	
Page 6		
Part V		
Question 75b		
	Relationships	
Person/Business 1	Person/Business 2	
Sue White	Don White	
President/BOD Member	VP/Sect/Treas/BOD	
Person	Person	
Relationship Married		

Statement 10 Form 990 Page None Part None Question None GREENPEACE FOUNDATION 99-0175939

Additional Explanations

Add	itional	Explanations	
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ldentifier: Reference: Explanation:	Clarification of Part V-A Line 75 (c) Sue White is also an officer, director and key employee of another organization, A She is compensated by Earthtrust as a Key Employee However, Earthtrust and Greenpeace Foundation are not reported as "Related Organizations" for IRS 990 purposes
identifier: Reference: Explanation:	Clanfication of Part VI Line 80(a) Sue White and Don White are also officers and/or directors of three other 501 (c) 3's These are not reported as "Related Organizations" as they have autonomous decision and grant making activities These organizations are Flipper Foundation, Earthtrust and the Institute for Pacific Marine Research

Statement 11 Form 990 Page None Part None Question None

GREENPEACE FOUNDATION 99-0175939

Reasonable Cause Explanation

Reasonable Cause Explanation

Automatic extension turned in to IRS on May 04, 2007

Statement 12			GREENPEACE FOUNDATION		
Form Schedule A			99-0175939		
Page 3					
Part IV-A					
Question 22					
	Other Incom	e			
Description	2005	2004	2003	2002	
Rebate			\$31 00	\$0 00	
Total:			\$31.00	\$0.00	

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