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A For the 2011 calendar year, or tax year beginning 01-01-2011

As Filed Data -

DLN: 93492223003062

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

, and ending 12-31-2011

Open to Public Inspection

CDEFNIDE ACE FOLIND ATTON						Employer identification number			
	idress o ame ch	change	99-017	99-0175939					
	ame cn iitial ret	_	Number and street (or P=0 box, if mail is not delivered to street address) Room/st 1118 Maunawili Road	ııte	E Telepho	ne number			
	ermınat					(808) 263-4	1388		
	mended	d return	City or town, state or country, and ZIP + 4 Kailua, HI 96734		F Group E Numbe	F Group Exemption			
A	plicatio	on pending	ikaliaa, iii 30731		Nullibe				
ΙWe	ebsite	http://www.gre	Cash ✓ Accrual Other (specify) ►	require	d to attac	he organız h Schedul -EZ, or 99			
<u>к</u> Сh	ieck ⊨	If the orga	anization is not a section 509(a)(3) supporting organization or a section						
			\$50,000 A Form 990-EZ or Form 990 return is not required though I organization chooses to file a return, be sure to file a complete return	-orm 990-N (e-postcai	a) may be	requirea (see		
L Add	lines 5	5b, 6c, and 7b, to	o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total a	ssets (Part II, lır	e 25, colum	n (B) below) are \$500,000 or		
_	rt I		d of Form 990-EZ ►\$ 17,064 c, Expenses, and Changes in Net Assets or Fund Balanc	as (Saa tha i	netruetio	as for Part	т \		
1 6			e organization used Schedule O to respond to any question in this Part				ੈ. ਾ		
	1	Contribution	s, gifts, grants, and similar amounts received			1	16,125		
	2	Program serv	vice revenue including government fees and contracts		. [2	0		
	3	Membership	dues and assessments			3	0		
	4	Investment	ncome		. [4	939		
	5a	Gross amour	nt from sale of assets other than inventory 5a		О				
할	ь	Less cost or other basis and sales expenses 5b							
Revenue	с	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					0		
å	6	Gaming and							
	а	Gross income fr	om gaming (attach Schedule G if greater than \$15,000)		o				
	b		e from fundraising events (not including $\$$ $\underline{0}$ of contributions from fundraine 1) (attach Schedule G if the sum of such gross income and contribu		5				
		Ψ13,000)	6Ь		О				
	c	Less direct	expenses from gaming and fundraising events 6c		0				
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6b and s	ubtract line 6	(c)	5d	0		
	7a	Gross sales	of inventory, less returns and allowances		٥				
	ь	Less cost o	f goods sold	,	0				
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		. :	7c	0		
	8	Other revenu	ue (describe in Schedule O)			8	0		
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	17,064		
	10	Grants and s	ımılar amounts paıd (lıst ın Schedule O)		1 :	LO	0		
	11	Benefits paid	l to or for members		. [:	11	0		
	12	Salaries, oth	er compensation, and employee benefits		. [:	L2	0		
٥ د د	13	Professional fees and other payments to independent contractors					0		
Expenses	14	Occupancy,	rent, utilities, and maintenance		· [:	L4	1,577		
Щ	15	Printing, pub	lications, postage, and shipping		· <u> </u> :	L5	0		
	16	Other expen	ses (describe in Schedule O)	•	<u> </u> :	16	3,188		
	17	Total expens	ses. Add lines 10 through 16		:	L7	4,765		
<u>ي</u>	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)		· <u> :</u>	18	12,299		
988)	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with							
Net.Assets		·	figure reported on prior year's return)		· <u> </u> :	19	216,373		
Z	20		es in net assets or fund balances (explain in Schedule O)		· _2	20	0		
	21	Net assets o	r fund balances at end of year Combine lines 18 through 20		▶ :	21	228,672		

Cat No 10642I

De la casa Classia						rage z
Part II Balance Sheets Chack of the organization	used Schedule O to respond to a	inv guestion in thu	c Dar	+ TT		
Check if the organization	used Scheddle O to respond to a	my question in this	S P a i		•	
(See the ins	tructions for Part II)		(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments		[212,628	22	226,873
23 Land and buildings		[0	23	0
24 Other assets (describe in Schedu	le O)			4,844	24	2,105
25 Total assets		[217,472	25	228,978
26 Total liabilities (describe in Sched	lule O)			1,099	26	306
27 Net assets or fund balances (line 2	27 of column (B) must agree with	n line 21) .		216,373	27	228,672
Part III Statement of Progra	am Service Accomplishm used Schedule O to respond to a		s Par	t III . . .	(Re	Expenses equired for section 501
What is the organization's primary exe		any question in the		.,	(c)	(3) and 501(c)(4)
Environmental and Wildlife Protection						ganizations and section 47(a)(1) trusts,
Describe the organization's program se measured by expenses In a clear and						tional for others)
benefited, and other relevant information						
28 Wildlife Preservation and Protection mammals, endangered wildlife, marine educational content for students, teach	life including sharks, Asian Wild hers, decision makers and the pu	life including tiger ublic	s, Ha	waııan wildlife,		
	f this amount includes foreign gi	rants, check here	•	<u>· · ► ┌ </u>	28a	4,253
29						
(Grants \$)	f this amount includes foreign gi	rants, check here		▶┌	29a	
30						
(Grants \$)	f this amount includes foreign gi	rants, check here	•	▶ ┌	30a	
31 Other program services (describe ii (Grants \$)	n Schedule O) If this amount includes foreign gi	rants, check here			31a	
32 Total program service expenses (ad	d lines 28a through 31a) .			<u></u> ►	32	4,253
Part IV List of Officers, Directors	, Trustees, and Key Employees. $oldsymbol{L}$	ust each one even ıf n	ot com	pensated (See the ins	tructio	ns for Part IV)
Check if the organization i	used Schedule O to respond to a			1	•	<u>l</u>
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensat (If not paid, enter-0)		(d) Contribution employee benefit p deferred compens	lans	
Sue White 1118 Maunawili Road Kailua, HI 96734	President/Director 1		0		C	0
Don White 1118 Maunawili Road Kailua, HI 96734	VP/Sect/Treasurer/Director		0		C	0
Jessica Malcolm 61-555 Pohaku Loa Way Haleiwa HT 96795	Director 1		0		C	0

Pa	Part V Other Information (Note the statement requirements in the instructions for Part V.)				
		Check if the organization used Schedule O to respond to any question in this Part V			
				Yes	No
33		e organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a description of each activity in Schedule O	33		No
34	of the	ny significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy amended documents if they reflect a change to the organization's name. Otherwise, explain the change on ule O (see instructions)	34		No
35		organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on 190-T			
a		e organization have unrelated business gross income of \$1,000 or more during the year from business ies (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If Yes Sched	'to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in ule O	35b		
c		e organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e), reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N				No
37a	-	nount of political expenditures, direct or indirect, as described in the instructions 37a	36		1
	Did the	e organization file Form 1120-POL for this year?	37b		No
		e organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	575		1
50 a		ch loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
h	-	," complete Schedule L, Part II and enter the total amount involved . 38b	30a		110
39		on 501(c)(7) organizations. Enter Ion fees and capital contributions included on line 9			
		receipts, included on line 9, for public use of club facilities			
40a		1501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
		4911 ▶ <u>0</u> , section 4912 ▶ <u>0</u> , section 4955 ▶ <u>0</u>			
b	transa	1.501(c)(3) and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit ction during the year or did it engage in an excess benefit transaction in a prior year that has not been ed on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
			40b		No
С		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or lified persons during the year under sections 4912, 4955, and 4958			
d		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the zation			
e		anizations. At any time during the tax year, was the organization a party to a prohibited tax shelter ction? If "Yes," complete Form 8886-T	40e		No
41	List the	states with which a copy of this return is filed 🕨 HI			
42a	The o	rganization's books are in care of 🟲 Sue White Telephone no	<u>(80</u>	8)263	<u>-4388</u>
	Locate	1118 Maunawili Road ed at ▶ Kailua, HI ZIP + 4	► <u>9</u>	6734	
b		time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	accour	·	42b		Νo
		," enter the name of the foreign country •			
		e instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and ial Accounts.			
C	Atany	time during the calendar year, did the organization maintain an office outside of the U S ?	42c		Νo
	If "Yes	," enter the name of the foreign country 🕨			
		n 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here			▶ Γ
				Yes	No
44a	Did the	e organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 9	90 <i>-EZ.</i>	44a		Νo
b		e organization operate one or more hospital facilities during the year? <i>If 'Yes,' Form 990 must be completed</i> dof Form990-EZ	44b		No
С	Did the	e organization receive any payments for indoor tanning services during the year?	44c		NI -
,1	If'Voc	' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation	44 C		No
	ın Sche	edule O	44d		
45a	Did the	e organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	meanır	e organization receive any payment from or engage in any transaction with a controlled entity within the ng of section 512(b)(13)? If Yes,' Form 990 and Schedule R may need to be completed instead of 90-EZ (see instructions)	45b		No

46 D III							Yes	No
		or indirectly, in political complete Schedule C, P	campaign activities on b art I	ehalf of or ır	n opposition to	46		No
	on 501(c)(3) organ		ion 4947(a)(1) non 4947(a)(1) nonexem	_			_	stions
		d Schedule O to respond	to any question in this P	art VI .				Γ
							Yes	No
	ion engage in lobbyir e Schedule C , Part I		ection 501(h) election in	effect durın	g the tax year?	47		No
18 Is the organizatio	n a school describe	d ın section 170(b)(1)(A)(II)? If "Yes," complete S	Schedule E		48		Νo
9a Dıd the organızatı	on make any transfe	ers to an exempt non-ch	arıtable related organıza	ion?		49a		Νo
b If "Yes," was the	related organization	a section 527 organizat	ion?			49b		
50 Complete this tab	ole for the organization	on's five highest comper	nsated employees (other					
employees) who e	each received more t		ensation from the organiz					
(a) Name and address paid more than		(b) Title and average hours per week devoted to position	(c) Compensation	employee	tributions to benefit plans & compensation	ac) Exper count a r allowa	nd
ONE								
of compensation f	from the organization	n If there is none, enter			each received m		· .	0,000 ation
(a) Name and add	ness of each indeper	ndent contractor paid mo	ne than \$100,000	(2) 1) [2]		(5) 5	ompens	
, ,	ness of each indeper	ndent contractor paid mo	Te than \$100,000	(5) . , , p		(4)	ompens	
, ,	ness of each indeper	ndent contractor paid mo	Te than \$100,000	(5) 1 7 6			ompens	
, ,	ness of each indeper	ndent contractor paid mo	Te than \$100,000				ompens	
, ,	ness of each indeper	ndent contractor paid mo	Te than \$100,000			(3)	ompens	
, ,	ness of each indeper	ndent contractor paid mo	Te than \$100,000				ompens	
O NE Total number of 2 Did the organiza	other independent cation complete Sche	ontractors each receivii	ng over \$100,000 . on 501(c)(3) organizatio			npt cha		
Total number of Total number of Did the organize must attach a conder penalties of perjury owledge and belief, it is	other independent c ation complete Sche completed Schedule y, I declare that I have	ontractors each receiving the A? NOTE: All Section A	ng over \$100,000 . on 501(c)(3) organizatio		7(a)(1) nonexen	npt cha	ritable (es	No
O NE Total number of 2 Did the organize must attach a conder penalties of perjury towledge and belief, it is	other independent c ation complete Sche completed Schedule y, I declare that I have	ontractors each receiving the A? NOTE: All Section A	ng over \$100,000 . on 501(c)(3) organizatio	ns and 494	7 (a)(1) nonexen	npt cha	ritable (es	No
Total number of 2 Did the organiza must attach a conder penalties of perjury nowledge and belief, it is nowledge.	other independent cation complete Sche completed Schedule y, I declare that I have s true, correct, and co	ontractors each receiving the A? NOTE: All Section A	ng over \$100,000 . on 501(c)(3) organizatio	ns and 494	7(a)(1) nonexen	npt cha	ritable (es	No
Total number of 52 Did the organiza must attach a conder penalties of perjurnowledge and belief, it is nowledge. ign Signature of Sue White	other independent cation complete Schecompleted Schedule y, I declare that I have strue, correct, and co	ontractors each receiving the A? NOTE: All Section A	ng over \$100,000 . on 501(c)(3) organizatio	ns and 494	7 (a)(1) nonexen	npt cha	ritable (es	No
Total number of Total number of Did the organization according to the second	other independent cation complete Schecompleted Schedule y, I declare that I have strue, correct, and co	contractors each receiving dule A? NOTE: All Section A	ng over \$100,000 . on 501(c)(3) organizatio cluding accompanying scheparer (other than officer)	ns and 494 edules and state based on a 20 Date of the control of the cont	7 (a)(1) nonexen	npt cha ver identii	ritable es l	has a
Total number of Did the organize must attach a conder penalties of perjury nowledge and belief, it is nowledge. Signature of Type or pr Preparer's signature Firm's name (If self-employ	other independent cation complete Schecompleted Schedule y, I declare that I have strue, correct, and completed Schedule of officer President and title (or yours led),	contractors each receiving dule A? NOTE: All Section A	ng over \$100,000 . on 501(c)(3) organizatio cluding accompanying scheparer (other than officer)	ns and 494 edules and state is based on a	7 (a)(1) nonexentatements, and to all information of the preparer's taxpay	npt cha ver identii	ritable es l	has a
I Total number of 52 Did the organiza must attach a c Inder penalties of perjury nowledge and belief, it is nowledge. Signature Type or pr Preparer's signature Firm's name (other independent cation complete Schecompleted Schedule y, I declare that I have strue, correct, and completed Schedule of officer President and title (or yours led),	contractors each receiving dule A? NOTE: All Section A	ng over \$100,000 . on 501(c)(3) organizatio cluding accompanying scheparer (other than officer)	ns and 494 edules and state based on a 20 Date of the control of the cont	7 (a)(1) nonexen tatements, and to all information of	npt cha ver identii	ritable es l	No has a

Form 990-EZ (2011)

Page **4**

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As Filed Data -

DLN: 93492223003062

Employer identification number

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization GREENPEACE FOUNDATION

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

Public Charity Status and Public Support

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

F Attach to Folin 550 of Fol

99-0175939

Pai	rt I	Reaso	n for Pu	blic Charity Sta	tus (All org	ganızatıons	must comp	olete this p	art.) See ır	structions	
he o	rganız	zation is r	not a privat	e foundation becaus	eitis (Forl	ınes 1 throu	ıgh 11, check	only one bo) (x		
1	Γ	A churcl	h, conventi	on of churches, or as	ssociation of	churches s	ection 170(b)(1)(A)(i).			
2	Γ	A schoo	l described	in section 170(b)(1	L)(A)(ii). (At	tach Schedi	ule E)				
3	Γ	A hospit	al or a coo	perative hospital se	rvice organiz	ation descri	ıbed ın sectio	n 170(b)(1)	(A)(iii).		
4	Γ			n organization operat ty, and state	ted in conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(tion 170(b)(1)(A)(iii). Enter the	
5	_	An organ	nization on	erated for the benefi	t of a college	oruniversi	ty owned or o	nerated by a	agovernment	al unit desci	ribed in
,	'	_	-	A)(iv). (Complete P	_	: Of universi	ty owned or o	peraced by a	i governinent	ar unit desci	iibed iii
6	Γ			local government or	•	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).		
7	Γ	describe	ed in	at normally receives A)(vi) (Complete P		al part of its	support from	a governme	ntal unit or fr	om the gene	ral public
8	Г			described in section		A)(vi) (Con	nnlete Part II	.)			
9	<u> </u>			at normally receives					outions mem	hershin fees	and aross
_	'			ities related to its ex							
				oss investment inco							
		• • •	_	janızatıon after June				•		, · · · · · · · · · · · · · · · · ·	
0	Γ	•		, ganızed and operated	•			•	•		
1	_									o carry out t	he purposes of
		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 that describes the type of supporting organization and complete lines 11e through 11h a									
e	Γ	other th	-	-	-		-		ctly by one or more disqualified persons zations described in section 509(a)(1) or		
f g		If the or	ganization nis box	received a written do						II supportin	ig organization,
-		following	persons?					•			Yes No
		and (III)	below, the	governing body of th	ne the suppor	ted organiza	ation?			11g((i)
		(ii) a far	mily membe	er of a person descri	bed in (i) abo	ve?				11g(ii)
		(iii) a 35	5% control	led entity of a perso	n described i	ın (ı) or (ıı) a	ibove?			11g(iii)
h		Provide	the follown	ng information about	the supporte	ed organızat	ion(s)				
S	(i) Name uppor ganiza	of ted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ced in rning	(v) Did you not organizati col (i) of suppor	on in your	organizati col (i) orga	(vi) Is the organization in col (i) organized in the U S? (vii) A mount of support?	
				instructions))	Yes	No	Yes	No	Yes	No	
otal					l	İ	1	1	1		1

Sch	edule A (Form 990 or 990-EZ) 201:	1					Page 2
	Support Schedule (Complete only if you	ou checked the	box on line 5,	7, or 8 of Part	I or if the orga	nızatıon failed	to qualify
	under Part III. If the	<u>e organization</u>	fails to qualify i	under the tests	listed below, p	lease complete	Part III.)
	ection A. Public Support endar year (or fiscal year beginning	1		1			
Cai	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	_					
	supported organization) included of line 1 that exceeds 2% of the	n					
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from	า					
	line 4						
	ection B. Total Support endar year (or fiscal year beginning	<u> </u>	<u> </u>	1	1	1	
Cai	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
10	carried on Other income (Explain in Part						
10	IV) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)		<u> </u>			<u> </u>	
12	Gross receipts from related activit	, ,	ŕ			12	
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	l, third, fourth, or	fifth tax year as a	a 501(c)(3) orgai	nization, ►
	check this box and stop here						F1
S	ection C. Computation of Pu	blic Support I	Percentage				
14	Public Support Percentage for 201	1 (line 6 column	(f) divided by line	11 column (f))		14	
15	Public Support Percentage for 201	0 Schedule A, Pa	art II, line 14			15	
16a	33 1/3% support test—2011. If the	e organization did	not check the bo	x on line 13, and	line 14 is 33 1/3	% or more, check	this box
	and stop here. The organization qu					,	▶ □
b	33 1/3% support test—2010. If the				6a, and line 15 is	33 1/3% or more	
17-	box and stop here. The organizatio				no 12 16 16	th and line 4.4	▶
т/а	10%-facts-and-circumstances test is 10% or more, and if the organization						1
	in Part IV how the organization me						
	organization			0, 941111	4==00 4.	· Fastier, eable	▶ □
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organiza supported organization	ation meets the "	racts and circums	tances" test Th	e organization qu	alifies as a public	ly ▶□
18	Private Foundation If the organization	tion did not check	k a box on line 13	, 16a, 16b. 17a d	or 17b. check this	s box and see	FI
	instructions			,, ,	, =		▶ □

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

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

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	36,656	17,051	10,069	11,779	16,125	91,680
	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	0	0	0	0	0	0
	organization's tax-exempt						
	purpose						
3	Gross receipts from activities that are not an unrelated trade or	0	0	0	0	0	0
	business under section 513		o l	0		Ü	0
4	Tax revenues levied for the						
-	organization's benefit and either	0	0	0	0	0	0
	paid to or expended on its	Ĭ	Ŭ	•	Ŭ	Ŭ	· ·
_	behalf						
5	The value of services or facilities furnished by a governmental unit to	0	0	0	0	0	0
	the organization without charge	1	Ĭ	, and the second se	Ĭ	, and the second	· ·
6	Total. Add lines 1 through 5	36,656	17,051	10,069	11,779	16,125	91,680
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified	0	0	0	0	0	0
_	persons						
Ь	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that exceed	0	0	0	0	0	0
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public Support (Subtract line 7c						91,680
	from line 6)						
	ction B. Total Support			T			
Care	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	A mounts from line 6	36,656	17,051	10,069	11,779	16,125	91,680
10a	Gross income from interest,						
	dividends, payments received on	F F00	4 500	2.020	710	0.50	12.011
	securities loans, rents, royalties and income from similar	5,589	4,506	2,039	718	959	13,811
	sources						
b	Unrelated business taxable						
	ıncome (less section 511 taxes)	0	0	0	0	0	0
	from businesses acquired after			-			
_	June 30, 1975	5,589	4,506	2,039	718	959	13,811
с 11	Add lines 10a and 10b Net income from unrelated	3,369	4,300	2,039	718	939	13,611
11	business activities not included						•
	ın lıne 10b, whether or not the	0	U	0	0	0	0
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part	70	0	0	0	0	70
	IV)						
13	Total support (Add lines 9, 10c,	42,315	21,557	12,108	12,497	17,084	105,561
	11 and 12)		·	·		•	
14	First Five Years If the Form 990 is for check this box and stop here	or the organizatio	n's first, second,	third, fourth, or f	ıfth tax year as a	501(c)(3) organ	ızatıon, ▶□
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public Support Percentage for 2011			. 3 column (f))		15	86 850 %
16	Public support percentage from 2010	O Schedule A, Pa	rt III, line 15			16	82 499 %
		•				,	
Se	ction D. Computation of Inve	stment Incor	ne Percentag	e			
17	Investment income percentage for 2				(f))	17	13 083 %
18	Investment income percentage from	2010 Schedule A	, Part III, line 17	7		18	17 410 %
	33 1/3% support tests—2011. If the				line 15 is more t		
	more than 33 1/3%, check this box a						▶ ✓

33 1/3% support tests-2010. 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation
There was no a	dditional income

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: 11000129

Software Version: v1.00

EIN: 99-0175939

Name: GREENPEACE FOUNDATION

Form 990-EZ, Special Condition Description:

Special Condition Description

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

As Filed Data -

DLN: 93492223003062

2044

OMB No 1545-0047

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Name of the organization GREENPEACE FOUNDATION

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

99-0175939

ldentifier	Return Reference	Explanation
F99Z_P01_S00_L16	Form 990-EZ, Part I, Line 16	Financial Services \$2 27, Depreciation \$458 20, Website and Access \$94 66, Telephone \$631 45, Supplies \$1981 63, State Registration \$20 00
F99Z_P02_S00_L24	Form 990-EZ, Part II, Line 24	Fixed Assets equipment \$2105
F99Z_P02_S00_L26	Form 990-EZ, Part II, Line 26	Credit Card charges pending for supplies, internet services, etc. due in 2012 \$306