efile GRAPHIC print - DO NOT PROCESS

A For the 2012 calendar year, or tax year beginning 01-01-2012

As Filed Data -

DLN: 93492225003303

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

Open to Public

Inspection

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

and ending 12-31-2012

Inspection

		applicable	C Name of organization GREENPEACE FOUNDATION				D Employer identification number		
_		change			99-017	5939			
	lame cl nitial re		Number and street (or P O box, if mail is not delivered to street address) Room/s 1118 Maunawili Road	uıte	E Telepho	ne nui	mber		
	emina					(808)	263-4388		
\Box	mende	d return	City or town, state or country, and ZIP + 4 Kailua, HI 96734		F Group E		tion		
Γ,	pplicati	on pending	Kullad, HI 30734		Number		•		
		_	Cash	required	If the to attach	Sche			
			eenpeacefoundation org						
J Tax	x-exem	npt status(check	only one)— 501(c)(3) 501(c)() 4947(a)(1) or 527						
norr inst L A c	mally i ructio dd line	not more than ns) But if the es 5b, 6c, and (B) below) are	anization is not a section 509(a)(3) supporting organization or a sectio \$50,000 A Form 990-EZ or Form 990 return is not required though Foorganization chooses to file a return, be sure to file a complete return 7b, to line 9 to determine gross receipts If gross receipts are \$200,00 \$500,000 or more, file Form 990 instead of Form 990-EZ	orm 990-N (e- 00 or more, or	postcard) ıf total ass ►\$ 4	may sets (1,37	be required (see (Part II, line 25, 6		
			e organization used Schedule O to respond to any question in this Part						
	1	Contributions	s, gifts, grants, and similar amounts received			1	35,429		
	2	Program serv	rice revenue including government fees and contracts			2	0		
	3	Membership	dues and assessments			3	0		
	4	Investmentı	ncome			4	558		
	5a	Gross amoun	t from sale of assets other than inventory	5a	5,287				
ΞE	ь		other basis and sales expenses	5b	5,271				
Revenue	С) from sale of assets other than inventory (Subtract line 5b from line 5a	1)		5c	16		
ď	6	-	undraising events	1					
	a	Gross Income	e from gamıng (attach Schedule G ıf greater than \$15,000)	6a	0				
	b		e from fundraising events (not including \$ <u>0</u> of contribution	ns					
		sum of such	gross income and contributions exceeds \$15,000)	6b	0				
	c	Less direct	expenses from gaming and fundraising events	6с	0				
	d	Net income o	r (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubtract line 6 c)	6d	0		
	7a	Gross sales	of inventory, less returns and allowances	7a	0				
	ь	Less cost of	goods sold	7b	0				
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7 c	0		
	8	O ther revenu	e (describe in Schedule O)			8	102		
	9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9	36,105		
	10		ımılar amounts paid (list in Schedule O)			10	0		
	11	Benefits paid	to or for members			11	0		
	12	Salaries, oth	er compensation, and employee benefits			12	0		
Expenses	13	Professional	fees and other payments to independent contractors		13	0			
pen	14	Occupancy,		14	1,659				
Ë	15	Printing, publ		15	75				
	16	Other expenses (describe in Schedule O)				16	3,661		
	17	Total expens	es. Add lines 10 through 16		<u> </u>	17	5,395		
9 15	18	•	, , , ,			18	30,710		
υ0 100	19		r fund balances at beginning of year (from line 27, column (A)) (must ag	gree with					
etA			igure reported on prior year's return)		• •	19	228,672		
Z	20		es in net assets or fund balances (explain in Schedule O)			20	0		
	21	Net assets o	r fund balances at end of year Combine lines 18 through 20		🟲	21	259,382		

Part II Balance Sheets (see the Check if the organization use		any question in this l	art II		⊽
			a) Beginning of year		(B) End of year
22 Cash, savings, and investments .			226,873	22	256,346
23 Land and buildings			0		0
24 Other assets (describe in Schedule	0)		2,105	24	3,741
25 Total assets			228,978		260,087
26 Total liabilities (describe in Schedule	eO)		306	\vdash	705
27 Net assets or fund balances (line 27	of column (B) must agree wi	th line 21)	228,672	27	259,382
Part III Statement of Program Check if the organization use What is the organization's primary exemp Environmental and Wildlife Protection	ed Schedule O to respond to		· —	(c)	Expenses equired for section 501 (3) and 501(c)(4) panizations and section 47(a)(1) trusts,
Describe the organization's program serv measured by expenses In a clear and co benefited, and other relevant information	ncise manner, describe the s	_	• •		cional for others)
28 Wildlife Preservation and Protection P mammals, endangered wildlife, marine life educational content for students, teacher (Grants \$ 0)	e including sharks, Asian Wil	dlıfe ıncludıng tıgers, public	Hawaiian wildlife,	28a	4,021
(Grants \$) If t	his amount includes foreign (grants, check here	▶┌	29a	
(Grants \$) If t 31 Other program services (describe in S	his amount includes foreign (grants, check here	▶┌	30a	
	his amount includes foreign (grants, check here .	▶┌	31a	
32 Total program service expenses (add				32	4,021
Part IV List of Officers, Directors, To Check if the organization use					
(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099 MISC) (if not paid enter -0-)		o , olans,	(e) Estimated amount of other compensation
Sue White President/Director	3		0	0	0
Don White VP/Sect/Treasurer/Director	3		0	0	0
Jessica Malcolm Director	1		0	0	0

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	v		<u>Г</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Νo
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, 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	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 🔭 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? \cdot . \cdot	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶			
b	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed 🕨 HI			
42a	The organization's books are in care of 🕨 Sue White Telephone no	<u>(80</u>	8)263-	4388
	Located at F 1118 Maunawili Road Kailua, HI ZIP + 4	96	5734	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ı	V	NI-
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		Νo
	If "Yes," enter the name of the foreign country			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ Г
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Νo
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Νo
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

Form 990-E2	- (2012)					Yes	Page 4
46 5 111		an in dine all.		half of comme		res	140
	e organization engage, directly ates for public office? If "Yes,"			ehalf of or in opposition to	. 46		No
Part VI	Section 501(c)(3) orga	nizations only			10		140
	All section 501(c)(3) organ	-	questions 47-49b an	d 52, and complete the	tables	s for lir	nes 50
	and 51 Check if the organization used	d Schedule O to respond t	o any question in this P	art VI			_
		<u>'</u>			• • •	Yes	No
47 D.J.L.			F01/h) alaah	-# d			
	e organization engage in lobbyii ," complete Schedule C, Part I		tion 501(n) election in		. 47		No
48 Is the	organization a school as descri	ıbed ın section 170(b)(1)	(A)(II)? If "Yes," comple	te Schedule E .	. 48		No
49a Did the	e organization make any transfe	ers to an exempt non-cha	ritable related organizat	ıon [?]	. 49a		No
	," was the related organization				49b		
					•	nd kay	
	ete this table for the organization of the contraction of the contract of the contract the contract the contract the contract of the contract						
	nd title of each employee paid ore than \$100,000	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		timated r compe	
NONE							
f Total	number of other employees pa	nd over \$100,000			▶		
f Total	number of other employees pa	ıd over \$100,000			>		
51 Comple	ete this table for the organization	on's five highest compens	•	actors who each received	▶more th	an \$10	0,000
51 Compleof com	, , .	on's five highest compens n If there is none, enter "	None "	actors who each received (b) Type of service		an \$10	•
51 Comple of com (a) Nar	ete this table for the organization	on's five highest compens n If there is none, enter "	None "				•
51 Comple of com (a) Nar	ete this table for the organization	on's five highest compens n If there is none, enter "	None "				•
51 Comple of com (a) Nar	ete this table for the organization	on's five highest compens n If there is none, enter "	None "				•
51 Comple of com (a) Nar	ete this table for the organization	on's five highest compens n If there is none, enter "	None "				•
51 Comple of com (a) Nar	ete this table for the organization	on's five highest compens n If there is none, enter "	None "				•
51 Comple of com (a) Nar	ete this table for the organization	on's five highest compens n If there is none, enter "	None "				•
51 Comple of com (a) Nar	ete this table for the organization	on's five highest compens n If there is none, enter "	None "				•
51 Comple of com (a) Nar	ete this table for the organization	on's five highest compens n If there is none, enter "	None "				•
51 Comple of com (a) Nar	ete this table for the organization	on's five highest compens n If there is none, enter "	None "				•
51 Comple of com (a) Nar	ete this table for the organization	on's five highest compens If there is none, enter " ndent contractor paid mor	None " Te than \$100,000	(b) Type of service			•
51 Comple of com (a) Nar NONE d Total 52 Did t	ete this table for the organization pensation from the organization me and address of each independent of other independent of the organization complete Sche	on's five highest compens If there is none, enter " ndent contractor paid more contractors each receiving	none " Te than \$100,000 The open state of the state of	(b) Type of service ▶ ns and 4947(a)(1)		Compen	sation
51 Comple of com (a) Nar NONE d Total 52 Did t	ete this table for the organization pensation from the organization me and address of each independent of other independent of	on's five highest compens If there is none, enter " ndent contractor paid more contractors each receiving	none " Te than \$100,000 The open state of the state of	(b) Type of service ▶ ns and 4947(a)(1)		Compen	sation
d Total 52 Did t none	ete this table for the organization pensation from the organization me and address of each independent of other independent of the organization complete Scheixempt charitable trusts must a ess of perjury, I declare that I have	on's five highest compens If there is none, enter " Indent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	none " g over \$100,000 n 501(c)(3) organizatioule A	(b) Type of service ▶ ns and 4947(a)(1)	(c) C	✓ Yes	sation No.
d Total 52 Did tonone Under penalticknowledge an	ete this table for the organization pensation from the organization me and address of each independent of other independent of the organization complete Scheixempt charitable trusts must a	on's five highest compens If there is none, enter " Indent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	none " g over \$100,000 n 501(c)(3) organizatioule A	(b) Type of service ▶ ns and 4947(a)(1)	(c) C	✓ Yes	sation No
d Total 52 Did tonone Under penalticknowledge an	ete this table for the organization pensation from the organization me and address of each independent of other independent of the organization complete Scheixempt charitable trusts must a ess of perjury, I declare that I have	on's five highest compens If there is none, enter " Indent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	none " g over \$100,000 n 501(c)(3) organizatioule A	(b) Type of service ▶ ns and 4947(a)(1)	(c) C	✓ Yes	sation No
d Total 52 Did t none Under penalticknowledge anknowledge.	number of other independent of the organization complete. Schewempt charitable trusts must a decide of the organization complete of the organization complete of the organization complete. Schewempt of the organization complete organization complete organization of the organization o	on's five highest compens If there is none, enter " Indent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	none " g over \$100,000 n 501(c)(3) organizatioule A	(b) Type of service	(c) C	✓ Yes	sation No
d Total 52 Did to none Under penalticknowledge anknowledge. Sign	ete this table for the organization pensation from the organization me and address of each independent of other independent of the organization complete Scheixempt charitable trusts must a ess of perjury, I declare that I have	on's five highest compens If there is none, enter " Indent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	none " g over \$100,000 n 501(c)(3) organizatioule A	(b) Type of service	(c) C	✓ Yes	sation No
d Total 52 Did to none Under penalticknowledge anknowledge. Sign	number of other independent of the organization me and address of each independent of the organization of the organization complete. Scheme charitable trusts must a describe the organization complete scheme of perjury, I declare that I have declared in the organization of the organization of the organization complete. Scheme of perjury, I declare that I have declared in the organization of the organizat	on's five highest compens If there is none, enter " Indent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	y over \$100,000	(b) Type of service	(c) C	✓ Yes	sation No
d Total 52 Did t none Under penalti knowledge an knowledge.	number of other independent of the organization complete. Scheitzempt charitable trusts must a desired belief, it is true, correct, and consideration of the organization of the organizat	on's five highest compens If there is none, enter " Indent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	y over \$100,000	(b) Type of service	(c) C	✓ Yes	sation No
d Total 52 Did t none Under penalti knowledge an knowledge. Sign Here	number of other independent of the organization me and address of each independent of the organization complete. Scheitzempt charitable trusts must a sex of perjury, I declare that I have discovered, it is true, correct, and complete is the organization complete. Signature of officer Sue White President Type or print name and title Print/Type preparer's name Firm's name	on's five highest compens If there is none, enter " Indent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	y over \$100,000	(b) Type of service	(c) C	✓ Yes	sation No
d Total 52 Did t none Under penalti knowledge an knowledge. Sign Here	number of other independent of the organization me and address of each independent of the organization number of other independent of the organization complete Scheixempt charitable trusts must at the organization charitable trusts must at the	on's five highest compens If there is none, enter " Indent contractor paid more contractors each receiving edule A? NOTE: All Section attach a completed Sched	y over \$100,000	(b) Type of service	(c) C	✓ Yes	sation No

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492225003303

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

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

Inspection

		ne organ							Employer	ident if icat i	on num	ber
GREE	NPEACE	FOUNDA	ION						99-01759	3.0		
Pa	rt I	Reas	on for Pu	blic Charity Sta	tus (All or	nanization	s must com	inlete this n				
				te foundation becaus						1001 40010110		
1	Ī			ion of churches, or a								
2	Ē			d in section 170(b)(1				`	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
3	Ē			perative hospital se				on 170(b)(1)	(A)(iii).			
4	Ē	A med	ical researc	h organization opera						1)(A)(iii).	Enter th	ie
_	_			ity, and state								
5	ı	_	•	erated for the benefi	_	e or univers	ity owned or o	operated by a	government	tal unit des	cribed ii	n
_	_			(A)(iv). (Complete P	-							
6			•	local government of	=							
7	ı	_		at normally receives on 170(b)(1)(A)(vi).		•	support from	n a governme	ntal unit or fi	rom the gen	eral pu	blic
8	Г			: described in sectio i			mplete Part I	Ι)				
9	<u>.</u>		-	at normally receives			-	-	utions, mem	bership fee:	s, and q	ross
	·	=		rities related to its e					•	•	-	
				oss investment inco								es
				ganızatıon after June						•		
10	Г											
11	Г	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of										
		one or	more public	ly supported organiz	ations descr	ibed in sect	tion 509(a)(1) or section	509(a)(2) S			
			_	ibes the type of supp						6	- 11	
_	_		Type I	, ,,								
е	1		_	ox, I certify that the ion managers and ot	_			•		•		
			n 509(a)(2)	ion managers and oc	ner chan one	or more pu	bilety Suppor	cea organizae	ions desemb	ca III sectio	505(4)(1)(1
f				received a written d	etermınatıon	from the IF	RS that it is a	Type I, Type	e II, or Type	III support	ing org	anızatıo <u>n,</u>
			this box	2006 has the summer	t			<i>6</i>	-646-			J
g			ng persons?	2006, has the organ	ization accep	pred any gn	t or contribut	ion nom any	or the			
				rectly or indirectly o	controls, eith	ner alone or	together with	n persons des	cribed in (ii)		Y	es No
		and (III) below, the	governing body of th	ne supported	organizatio	n?			119	g(i)	
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				110	J(ii)	
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11g	(iii)	
h		Provid	e the follow	ng information about	the support	ed organiza	tıon(s)				,	•
	i) Nan		(ii) EIN	(iii) Type of	(iv) Is		(v) Did yo		(vi) Is			A mount o
	suppo			organization	organizat		the organ		organizat			onetary
O	rganiz	ation		(described on lines 1- 9 above	col (i) lıs your gove		ın col (i) suppo		col (i) org ın the U		s	upport
				or IRC section	docume		Juppo			J		
				(see								
				instructions))	Yes	No	Yes	No	Yes	No		
							1					

Pa	Support Schedule for (Complete only if you c						
	Part III. If the organiza						
	ection A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
_	membership fees received (Do not						
	ınclude 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 on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5 from						
_	line 4						
	ection B. Total Support endar year (or fiscal year beginning		I				
Car	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities	s, etc (see inst	ructions)			12	
13	First five years. If the Form 990 is f	or the organizat	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) organ	ızatıon, check
	this box and stop here			<u></u>		▶┌	
	ection C. Computation of Pub						
14	Public support percentage for 2012	•	• • • • • • • • • • • • • • • • • • • •	11, column (f))		14	
15	Public support percentage for 2011	-	•			15	
16a	33 1/3% support test—2012. If the of and stop here. The organization qual				ine 14 is 33 1/3%	or more, check t	his box ▶□
b	33 1/3% support test—2011. If the o				and line 15 is 33	1/3% or more, ch	
_	box and stop here. The organization				4114 IIIIC 13 13 33	1,570 01 111010, 011	▶ □
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organizat						
	in Part IV how the organization mee organization	ts tne "facts-an	a-circumstances'	test The organi	zation qualifies as	a publicly suppo	orted ►
b	10%-facts-and-circumstances test—	- 2011. If the ora	anization did not	check a box on lu	ne 13, 16a. 16b. d	or 17a, and line	-1
_	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat	ion meets the "f	acts-and-circums	stances" test Th	e organızatıon qua	alıfıes as a publıc	
10	supported organization	on did not aba-1	4 5 hay an line 4 3	165 16h 17a	or 17h abasis biss	hay and a	▶┌
18	Private foundation. If the organization instructions	on ala not check	va nox on ine 13	, 10a, 10b, 1/a,	or 170, Check this	s nox alia see	▶ □

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

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

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	17,051	10,069	11,779	16,125		35,729	90,753
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0		0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0		0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0	0
6	Total. Add lines 1 through 5	17,051	10,069	11,779	16,125		35,729	90,753
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0		0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0		0	0
С	Add lines 7a and 7b	0	0	0	0		0	0
8	Public support (Subtract line 7c from line 6)							90,753
Se	ction B. Total Support							
	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	012	(f) Total
Cale	in) ►					(e) 20		(f) Total
Cale 9	in) ► A mounts from line 6	(a) 2008 17,051	(b) 2009	(c) 2010 11,779	(d) 2011	(e) 20	35,729	(f) Total 90,753
Cale	in) ►					(e) 20		
Cale 9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	17,051	10,069	11,779	16,125	(e) 20	35,729	90,753
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	17,051 4,506	10,069	11,779	16,125	(e) 20	35,729	90,753 8,898
Cale 9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	17,051 4,506	10,069 2,039 0	11,779 718 0	16,125 959 0	(e) 20	35,729 676	90,753 8,898 0
Cale 9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part	17,051 4,506	10,069 2,039 0	11,779 718 0	16,125 959 0	(e) 20	35,729 676	90,753 8,898 0 8,898
Cale 9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	17,051 4,506 0 4,506	10,069 2,039 0	11,779 718 0	16,125 959 0	(e) 20	35,729 676	90,753 8,898 0 8,898 0
Cale 9 10a b c 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the check this box and stop here	17,051 4,506 0 4,506 0 21,557 or the organizatio	10,069 2,039 0 2,039 0 12,108 n's first, second,	11,779 718 0 718 0 12,497	16,125 959 0 959 0		35,729 676 0 676 0	90,753 8,898 0 8,898 0 0
Cale 9 10a b c 11 12 13 14 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the check this box and stop here	17,051 4,506 0 4,506 0 21,557 or the organizatio	10,069 2,039 0 2,039 0 12,108 n's first, second,	11,779 718 0 718 0 12,497 third, fourth, or f	16,125 959 0 959 0		35,729 676 0 676 0	90,753 8,898 0 8,898 0 99,651
Cale 9 10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the check this box and stop here ection C. Computation of Puble Public support percentage for 2012	17,051 4,506 0 4,506 0 21,557 or the organization ic Support Pe (line 8, column (f	10,069 2,039 0 2,039 0 12,108 n's first, second, rcentage) divided by line	11,779 718 0 718 0 12,497 third, fourth, or f	16,125 959 0 959 0		35,729 676 0 676 0	90,753 8,898 0 8,898 0 99,651
Cale 9 10a b c 11 12 13 14 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the check this box and stop here	17,051 4,506 0 4,506 0 21,557 or the organization ic Support Pe (line 8, column (f	10,069 2,039 0 2,039 0 12,108 n's first, second, rcentage) divided by line	11,779 718 0 718 0 12,497 third, fourth, or f	16,125 959 0 959 0	501(c)(:	35,729 676 0 676 0	90,753 8,898 0 8,898 0 99,651 zation,
Cale 9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the check this box and stop here ection C. Computation of Puble Public support percentage for 2012	17,051 4,506 0 4,506 0 21,557 or the organizatio ic Support Pe (line 8, column (f	10,069 2,039 0 2,039 0 12,108 n's first, second, rcentage) divided by line : rt III, line 15	11,779 718 0 718 0 12,497 third, fourth, or f	16,125 959 0 959 0	501(c)(:	35,729 676 0 676 0	90,753 8,898 0 8,898 0 99,651 zation, 91 071 %
Cale 9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the check this box and stop here ection C. Computation of Puble Public support percentage from 2012	17,051 4,506 0 4,506 0 21,557 or the organizatio ic Support Pe (line 8, column (f 1 Schedule A, Pa	10,069 2,039 0 2,039 0 12,108 n's first, second, rcentage) divided by line : rt III, line 15 ne Percentage	11,779 718 0 718 0 12,497 third, fourth, or f	16,125 959 0 959 0 0 17,084 fifth tax year as a	501(c)(:	35,729 676 0 676 0	90,753 8,898 0 8,898 0 99,651 zation, 91 071 %
Cale 9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the check this box and stop here ection C. Computation of Public support percentage from 201 Ection D. Computation of Investigation Ection D. Computation of Investigation Ection D. Computation of Investigation Advanced to the computation of Investigation Advanced to the computation of Investigation Total Support percentage from 201	17,051 4,506 0 4,506 0 21,557 or the organizatio ic Support Pe (line 8, column (f 1 Schedule A, Pa	10,069 2,039 0 2,039 0 12,108 n's first, second, rcentage) divided by line: rt III, line 15 me Percentag lumn (f) divided by	11,779 718 0 718 0 12,497 third, fourth, or f	16,125 959 0 959 0 0 17,084 fifth tax year as a	501(c)(i	35,729 676 0 676 0	90,753 8,898 0 8,898 0 99,651 zation, 91 071 % 86 850 %

33 1/3% support tests—2011. 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

Schedule A (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492225003303

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2012
Open to Public Inspection

Name	of the	organ	ızatıon
GREEN	PEACE F	OUNDA	TION

Employer identification number

99-0175939

ldentifier	Return Reference	Explanation
F99Z_P01_S00_L08	Form 990-EZ, Part I, Line 8	Credit Card rewards and HP discounts \$102
F99Z_P01_S00_L16	Form 990-EZ, Part I, Line 16	Description,Amount^Equipment and Supplies including depreciation,2578 Communications,1004 State Registrations and financial service fees,79^Total,3661^
F99Z_P02_S00_L24	Form 990-EZ, Part II, Line 24	Description, EOY Amount^Undeposited Funds End of Year, 2128 Depreciable Assets, 1613^Total, 3741^
F99Z_P02_S00_L26	Form 990-EZ, Part II, Line 26	credit card chargesfor supplies, etc