ef	ile G	RAPHIC p	rint - DO NOT PROCESS As Filed Data -	DL	N: 93492308000129
			Short Form		OMB No 1545-1150
For	_99	90EZ	Return of Organization Exempt From Income Ta	NY NY	
901 902					2018
_			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private f	oundatio	
D		e.1	Do not enter social security numbers on this form as it may be made public		Open to
	artment isurv	of the	Go to <u>www.irs.gov/Form990EZ</u> for the latest information.		Public
		enue Service			Inspection
		ne 2018 cale If applicable	endar year, or tax year beginning 01-01-2018 , and ending 12-31-2018	DEmails	
		s change	C Name of organization GREENPEACE FOUNDATION	-	oyer identification number
	Name o	change	Number and street (or P O box, if mail is not delivered to street address) Room/suite		75939 one number
	Initial r		1118 Maunawili Road	L releph	
_		turn/terminate ed return	City or town, state or province, country, and ZIP or foreign postal code		(415) 689-9931
		tion pending	Kailua, HI 96734	F Group Numbe	Exemption er 🕨
					•
GΑ	ccoun	ting Method			ne organization is not n Schedule B
			(Form 99		Z, or 990-PF)
		e: • greenpead	zefoundation org heck only one) - ☑ 501(c)(3) 🎾 🗆 501(c)() ◀ (insert no) 🗆 4947(a)(1) or 🔲 527		
J 16	ix-exe	mpt status (c			
		-	☑ Corporation □ Trust □ Association □ Other		
LA	dd line \$500	es 5b, 6c, an 000 or more	d 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total , file Form 990 instead of Form 990-EZ	assets (F	Part II, column (B) below) ▶ ¢ 79 021
	art I		ue, Expenses, and Changes in Net Assets or Fund Balances (see the instructio		
		Check If	the organization used Schedule O to respond to any question in this Part I		
	1	Contributio	ns, gifts, grants, and similar amounts received	1	77,457
	2	Program se	rvice revenue including government fees and contracts	2	0
	3	Membership	o dues and assessments	3	0
	4	Investment	Income	4	1,564
	5a	Gross amou	Int from sale of assets other than inventory 5a	0	
	b	Less cost o	or other basis and sales expenses	0	
	с	Gain or (los	s) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and	fundraising events		
onu	а	Gross incon	ne from gaming (attach Schedule G if greater than \$15,000) 6a	0	
Revenue	b		ne from fundraising events (not including \$ <u>0</u> of contributions from events reported on line 1) (attach Schedule G if the		
-		2		0	
	с			0	
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	0
	7a	Gross sales	of inventory, less returns and allowances	0	
	b	Less cost o	of goods sold	0	
	с	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other rever	nue (describe in Schedule O)	8	0
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	79,021
_	10	Grants and	sımılar amounts paıd (lıst ın Schedule O)	10	0
	11	Benefits pa	d to or for members	11	0
s	12	Salarıes, ot	her compensation, and employee benefits	12	0
Expenses	13	Professiona	l fees and other payments to independent contractors	13	0
ыd	14	Occupancy,	rent, utilities, and maintenance	14	0
ũ	15	Printing, pu	blications, postage, and shipping	15	0
	16		nses (describe in Schedule O)	16	3,149
	17	Total expe	nses. Add lines 10 through 16	▶ 17	3,149
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	75,872
Assets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree with		
A 55			figure reported on prior year's return)	19	415,571
N, t	20	Other chan	ges in net assets or fund balances (explain in Schedule O)	20	-610
<	21	Net assets (or fund balances at end of year Combine lines 18 through 20	21	490,833
For	Pape	erwork Red	uction Act Notice, see the separate instructions. Cat No 10642I		Form 990-EZ (2018)

Form 990-EZ (2018)						Page 2
Part I Balance Sheets (see the instructions Check if the organization used Schedule		uestion in this	Part II			
	o to respond to any q			eginning of year	•••	
22 Cash, savings, and investments		(415,946	22	487,814
23 Land and buildings				0	23	0
24 Other assets (describe in Schedule O)				0	24	3,019
25 Total assets		1		415,946		490,833
26 Total liabilities (describe in Schedule O)		÷			26	0
27 Net assets or fund balances (line 27 of column Part III Statement of Program Service A	<u> </u>	,		415,571	27	490,833 Expenses
Check if the organization used Schedule	•	-		• • □	(R	equired for section 501(c)
What is the organization's primary exempt purpose?	• •) and 501(c)(4) ganizations, optional for
Protection of wildlife and the environment Describe the organization's program service accompli	chmonte for anch of its	three largest	program			ners)
measured by expenses In a clear and concise manne	r, describe the service					
benefited, and other relevant information for each pro	ogram title					
28 See Additional Data Table						
(Grants \$) If this amoun	t includes foreign gran	nts, check here		. 🕨 🗆	28a	
29					29a	
(Grants \$) If this amoun	t includes foreign gran	nts, check here		. 🕨 🗆		
30					30a	
(Grants \$) If this amoun	t ıncludes foreıgn gran	nts, check here	• •	. 🕨 🗆		
31 Other program services (describe in Schedule O)				· · <u>·</u> ·		
(Grants \$) If this amoun	t includes foreign gran	nts, check here		. 🕨 🗌	31a	
32 Total program service expenses (add lines 28a				<u></u> ►	52	1,691
Part IV List of Officers, Directors, Trustees, Check if the organization used Schedule						
				I	_	
(a) Name and title	(b) Average hours per week	(c) Report compensa		(d) Health ben contributions to er		(e) Estimated amount ee of other compensation
	devoted to position	(Forms W-2/	/1099-	benefit plans,	and	
		MISC) (if no enter -C		deferred compen	satior	1
Sue White	10		0			0
President						
Donald J White	3 00		0			0 0
VP Sectretary Treasurer Jessica Malcolm	1		0			0 0
	-		U			
Director						

Form	990-EZ (2018)			Page 3
Pa	t V Other Information (Note the Schedule A and personal benefit contract statement requirements	ın the	9	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . $$.		🗆	
			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		No
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		
	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 and 37a 0	50		110
	Did the organization file Form 1120-POL for this year?	37b		No
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0.0		110
504	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b		304		NO
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	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 0 , section 4912 0 , section 4955 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40ь		No
с	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e 41	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 . List the states with which a copy of this return is filed HI	40e		No
42a				
The	e organization's books are in care of 🕨 Sue White	(415)	689-993:	<u> </u>
	Located at 🕨 1118 Maunawili Road Kailua , HI ZIP + 4 🕨	96734		
		[Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	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			
			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		No
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
С	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? <i>If "No," provide an explanation in Schedule O</i>	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
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
		I		

|--|--|

Form	990-EZ	(2018)
------	--------	--------

Page **4**

46						
46		ne organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to dates for public office? If "Yes," complete Schedule C, Part I	46		No	
Pai	t VI	Section $501(c)(3)$ organizations only All section $501(c)(3)$ organizations must answer questions 47- 49b and 52, and complete the table	s for l		and	

All section 501(c)(5) organizations must answer questions 47- 490 and 52, and complete the tables for mes 5	o anu	
51.		
Check if the organization used Schedule O to respond to any question in this Part VI		

Check if the organization used Schedule O to respond to any question in this Part VI					
			Yes	No	
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		No	-
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No	
b	If "Yes," was the related organization a section 527 organization?	49b			

50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees)
	who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee	(b) Average 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	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

	(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE			

 52
 Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A

			►	V Ye	s 🗆 N	
--	--	--	---	------	-------	--

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

Sign Here	Sue	nature of officer White President e or print name and title			2019-10-26 Date
Paid Preparer		Print/Type preparer's name Firm's name	Preparer's signature	Date	Check I If self-employed Firm's EIN ►
Use Onl	У	Fırm's address ►			Phone no

Additional Data

Software ID: 18007995 Software Version: v1.00 EIN: 99-0175939 Name: GREENPEACE FOUNDATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organizati services, as measured b number of persons ben	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
other marine life and habit	protection programs Environmental and wildlife protection including marine mammals, tats, endangered terrestrial wildlife Educational content for students, teachers, decision behalf of wildlife and the environment	28a	1,691
(Grants \$ 0)	If this amount includes foreign grants, check here \ldots . \blacktriangleright \Box		

			nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3492308000129 OMB No 1545-0047
SCHEDULE A (Form 990 or Con 990EZ)			Con	nplete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe ► Attach to Form www.irs.gov/Form	ion 501(c)(3) o mpt charitable 990 or Form 99	organization of trust. 0-EZ.	a section	2018 Open to Public
Interna	l Reven	f the Treasury	*i	► GO 10	www.irs.gov/rorins	<u>990</u> for the late	sciniormation		Inspection
		he organiza FOUNDATION						Employer identific	ation number
Pa	rt I	Reason	for Public	Charity Stat	us (All organization	s must comple	te this part) 9	99-0175939	
					e it is (For lines 1 thro			see man dectoria.	
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3					vice organization desci			iii).	
4		•	esearch orga		ed in conjunction with			-	nter the hospital's
5		An organiza (b)(1)(A)	ation operate (iv). (Comple	ete Part II)	t of a college or unive	, .			bed in section 170
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	(v).	
7		section 17	'O(b)(1)(A)	(vi). (Complete			-	init or from the gener	al public described in
8		A communi	ty trust desc	ribed in sectior	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	o its exempt fur unrelated busin	(1) more than 331/3% actions—subject to ceri less taxable income (le omplete Part III)	tain exceptions, a	and (2) no more	than 331/3% of its su	
11		An organiza	ation organize	ed and operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
b		manageme	nt of the sup		ervised or controlled in ation vested in the sar and C.				
с					supporting organizatio ions) You must com			, ,	ited with, its
d		functionally	integrated	The organizatio	 d. A supporting organi n generally must satis rt IV, Sections A and 	fy a distribution	requirement and	th its supported organ an attentiveness req	nization(s) that is not uirement (see
e					ved a written determir integrated supporting		RS that it is a Ty	ре I, Туре II, Туре II	I functionally
f -		Inter the number of supported organizations							
g	 9 Provide the following information (i) Name of supported organization 			on about the su (ii) EIN	upported organization((iii) Type of organization (described on lines 1- 10 above (see instructions))	. '	anızatıon listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
T . *:									
Tota	•								<u> </u>

	, ,						, age _
Р	art II Support Schedule for ((b)(1)(A)(ix) (Complete only if you ch	ecked the box o	on line 5, 7, 8, o	r 9 of Part I or	if the organization	on failed to qual	-
	III. If the organization fa						
S	ection A. Public Support	1	1		1	1	
	Calendar year (or fiscal year beginning in) Þ	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
-	membership fees received (Do not						
	include any "unusual grant ")						
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						
	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						
S	ection B. Total Support	I		•	•	1	
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
_	(or fiscal year beginning in) 🕨	(4)2021	(2)2020	(0)2020	(4)2027	(0)2010	(1)1010
7	Amounts 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						
10	business is regularly carried on Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI)						
11							
1 2	10 Gross receipts from related activities,	tc (see instruction				12	
	First five years. If the Form 990 is for			und fourth or fifth			
13	-	-					_
	check this box and stop here			• • • • • • • •		· · · · · · P L	
	ection C. Computation of Public Public support percentage for 2018 (lir		-				
						14	
	Public support percentage for 2017 Sc					15	
16 a	33 1/3% support test—2018. If the				ne 14 is 33 1/3% o	or more, check this	box
	and stop here. The organization quali						
b	•••				and line 15 is 33 :	1/3% or more, che	_
	box and stop here. The organization						▶□
17a	10%-facts-and-circumstances test						
	is 10% or more, and if the organizatio in Part VI how the organization meets						
	-			e organization			▶□
L	organization 10%-facts-and-circumstances tes	t-2017 If the o	rganization did no	t check a box on l	ine 13 162 165	or 17a and line	
D	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organizatio						
	supported organization						
18	Private foundation. If the organization	on did not check a	a box on line 13, 1	6a, 16b, 17a, or 1	7b, check this bo	x and see	
	Instructions						
					Schedu	le A (Form 990 o	or 990-F7) 2018

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

15,789

0

0

0

0

0

0

0

15,789

(a) 2014

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

(c) 2016

50.061

n

0

0

0

n

0

50,061

(d) 2017

77,426

n

0

0

0

n

0

0

77,426

(e) 2018

69,026

n

0

0

n

C

0

69,026

(b) 2015

17,914

n

0

0

0

0

0

17,914

Section A. Public Support

Calendar year (or fiscal year beginning in) ►

- Gifts, grants, contributions, and 1 membership fees received (Do not include any "unusual grants ")
- 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose
- 3 Gross receipts from activities that are not an unrelated trade or business under section 513
- Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
- 5 The value of services or facilities furnished by a governmental unit to the organization without charge
- 6 Total. Add lines 1 through 5
- 7a Amounts included on lines 1, 2, and 3 received from disgualified persons
- b Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year
- c Add lines 7a and 7b

9

h

13

Public support. (Subtract line 7c 8 from line 6)

Section B. Total Support

Calendar year (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) 15,789 17,914 50,061 77,426 69,026 Amounts from line 6 230,216 Gross income from interest, 10a dividends, payments received on 406 1,262 1,642 1,564 2,314 7,188 securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from O n C 0 businesses acquired after June 30, 1975 406 1,262 1,642 1,564 2,314 7,188 Add lines 10a and 10b С 11 Net income from unrelated business activities not included in line 10b, 0 0 0 0 0 C whether or not the business is regularly carried on Other income Do not include gain or 12 loss from the sale of capital assets 0 0 30 0 30 C (Explain in Part VI) Total support. (Add lines 9, 10c, 16,195 19,176 51,703 79,020 71,340 237,434 11, and 12) **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization

T-4		011 001(c/(b) organization,
	check this box and stop here		
S	ection C. Computation of Public Support Percentage		
15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	96 960 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	97 09 %
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	3 027 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	2 89 %
19 a	331/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 3.	3 1/3%,	and line 17 is not
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is m		_
	not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organ	ization	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see ins	struction	ns ► 🗌

230,216

0

0

Ω

Ω

0

0

0

230,216

230,216

(f) Total

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 2 (a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied h the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination Зb Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? С If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported b organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections С 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 5a (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (i) the reasons for each such action, (ii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document) b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as 9a defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in C which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether b the organization had excess business holdings) 10b

Yes

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- a 🦳 The organization satisfied the Activities Test Complete line 2 below
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- c 🕅 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

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

1

ē	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted		
	substantially all of its activities	2a	
Ł	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	involvement	2b	
	Devent of Supported Overspirations, Answer (a) and (b) helew		

- **3** Parent of Supported Organizations **Answer (a) and (b) below.**
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI**, the role played by the organization in this regard

Зa

Зb

Yes

No

Yes

1

2

No

Page 6

Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations (continue	ed)
Section D - Distributions			Current Year
 Amounts paid to supported organizations to accomplish 	exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	
3 Administrative expenses paid to accomplish exempt pu	ons		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require	ed)		
6 Other distributions (describe in Part VI) See instruction	ons		
7 Total annual distributions. Add lines 1 through 6			
 8 Distributions to attentive supported organizations to we details in Part VI) See instructions 	nich the organization is respon	sive (provide	
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014. . <th< td=""><td></td><td></td><td></td></th<>			
d From 2016			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
 Carryover from 2013 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 31 and 4c			
8 Breakdown of line 7			
a Excess from 2014			
b Excess from 2015			
<u>c</u> Excess from 2016			
d Excess from 2017			
	I	í	í

Schedule A (Form 990 or 990-EZ) (2018)

Page **8**

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information					
Return Reference	Explanation				
Schedule A, Part III, Line 12	Sale of outdated, no longer needed supplies				

efile GRAPHIC prin	DLN: 93492308000129		
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury	Form 990 o	al Informatic vide information fo r 990-EZ or to prov Attach to Form www.irs.gov/Form9	OMB No 1545-0047 2018 Open to Public Inspection
Namel & the ofganization GREENPEACE FOUNDATION	Employe 99-01759	r identification number 939	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Lıne 16	Description,Amount^Financial Services,368 State Registration Fees,54 Internet Related Expenses,663 Supplies,2064^Total,3149^

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part I, Line 20	Adjustments 2017 assets

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990- EZ, Part II, Line 24	Description,EOY Amount^Accounts Receivable,25 Undeposited Funds,2994^Total,3019^