# 990

### Return of Organization Exempt From Income Tax

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

foundation Do not enter social security numbers on this form as it may be made public. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Department of the Treasury Internal Revenue Service For the 2021 calendar year, or tax year beginning 01-01-2021 and ending 12-31-2021 C Name of organization D Employer identification number **B** Check if applicable: GREENPEACE FOUNDATION 99-0175939 Name change Initial return Doing business as E Telephone number Amended return Number and street (or P.O. box if mail is not delivered to street address) 1118 Maunawili Road Application pending (415) 689-9931 City or town, state or province, country, and ZIP or foreign postal code Kailua, HI 96734 G Gross receipts \$ 207,043 F Name and address of principal officer: H(a) Is this a group return for Sue White subordinates? 1118 Maunawili Road H(b) Are all subordinates Kailua, H I 96 734 included? Tax-exempt status:  $\[ \ \ \]$  501(c)(3)  $\[ \ \]$  501(c) ( )  $\[ \ \]$  (insert no.)  $\[ \ \]$  4947(a)(1) or  $\[ \ \]$  527 If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ **Website:** ▶ greenpeacefoundation.org L Year of formation: 1976 K Form of organization: ✓ Corporation ┌ Trust ┌ Association ┌ Other ▶ M State of legal domicile: HI Summary 1 Briefly describe the organization's mission or most significant activities: Protection of wildlife and the environment Activities & Governance Check this box 🛌 if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2021 (Part V, line 2a) 0 5 Total number of volunteers (estimate if necessary) . . . . 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 . Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 109,283 205,677 Program service revenue (Part VIII, line 2g) . . . . . Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,062 1,366 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 111,351 207,043 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) **b**0 3,656 3,182 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,656 3,182 Revenue less expenses. Subtract line 18 from line 12 . . . . 107,695 203,861 Net Assets or Fund Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . 747,642 951,917 Total liabilities (Part X, line 26) . . . . . 802 Net assets or fund balances. Subtract line 21 from line 20 . 747,642 951,115 Signature Block 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. 2022-09-17 Signature of officer Sign Don White VP/Sect/Treasurer Here Type or print name and title Print/Type preparer's name Date Preparer's signature Check | if **Paid** self-employed Firm's name Firm's EIN **Preparer Use Only** Firm's address Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

OMB No. 1545-

Form 990 (2021) Page 3 **Checklist of Required Schedules** 

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Yes

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to

Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . .

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete

Did the organization receive or hold a conservation easement, including easements to preserve open space,

VIII, IX, or X, as applicable.

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . . .

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII,

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . . . . c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of

its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that

**b** Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . .

12a bid fire of anietation of the tax year? If "Yes," complete 

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . . . . . . . . . . . . . .

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . .

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of

addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 

Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 💆 . . .

No

Form 990 (2021) Page 4 **Checklist of Required Schedules** (continued)

Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Νo Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . .

**b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If

Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or

former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?

**b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Hid He Granketation field to Me, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete

เพื่อรัฐโลย Complete Schedule R, Part II, III, or IV,

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Statements Regarding Other IRS Filings and Tax Compliance

Was the organization a party to a business transaction with one of the following parties (see the Schedule L,

c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes,"

a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," 

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

Part IV instructions for applicable filing thresholds, conditions, and exceptions):

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

and Part V, line 1 . . . .

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

Νo

Νo

Νo

Νo

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28c

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1b

Yes

Yes

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	4a	Νo
b	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial accounts). In the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		
5a	Washine organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7</b> c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Νο
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8	
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.	l l	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No
16	IS 'thesp'rgææizhtionstruetioostæmafilæsFiturtio4720სjSchedutlæeNsection 4968 excise tax on net investment income? 	16	Νo
17	If "Yes," complete Form 4720, Schedule O. Section $501(c)(21)$ organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes." complete Form 6069.	17	

Form	990 (2021)					Page <b>6</b>
Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 three 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response or note to any line in this Part VI.			espons	e to line	s . 🔽
Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax	1a	3			
	Yearner are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	siness •	relationship with any	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control of the control			3		No
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was					
5	<b>5</b> Bild the organization become aware during the year of a significant diversion of the organization's assets? .					
6	Did the organization have members or stockholders?			6		Νo
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?	er to	elect or appoint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	l by)	members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following:	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, w organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction B. Policies (This Section B requests information about policies not	requ	ired by the Internal R	even	ue Coa	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Νo

-	Did the organization make any significant changes to its governing documents since the prior rolling 350 was	-		140
5	$\frac{\text{filled}}{\text{the}}$ organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νο
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	Reveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
		125		l ——

12b

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16b

Yes

Yes

Yes

Yes

Nο

Νo

Νo

Form 990 (2021)

4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		Νo
5	600 d. $600$ organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
h	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			1 —

	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		Νo
5	600 fled the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	leveni	ue Cod	le.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
40.	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe

Did the organization have a written document retention and destruction policy? . . . . . .

a The organization's CEO, Executive Director, or top management official . . . . . . . . . .

Own website 🔽 Another's website 🔽 Upon request 🗌 Other (explain in Schedule O)

interest policy, and financial statements available to the public during the tax year.

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

List the states with which a copy of this Form 990 is required to be filed

▶Sue White 1118 Maunawili Road Kailua, HI 96734 (415) 689-9931

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 

Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T

(section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that

State the name, address, and telephone number of the person who possesses the organization's books and records:

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

CA,HI

**b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . .

Did the organization have a written whistleblower policy? . . . .

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apply.

Section C. Disclosure

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from organization and any related organizations.

- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

▼ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations			
			99		ated				
(1) Sue White	10	Х		Х			0	0	0
President	0						0	0	
(2) Donald J White	5	Х		Х			0	0	0
VP Sectretary Treasurer	0			^			0	0	
(3) Gerhardt Robinson	1	Х					0	0	0
Director	0						3	3	
-									
									,
<u> </u>									
-									Form <b>990</b> (2021)
									(2021)

\$100,000 of compensation from the organization

	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for	more perso and	than on is a dir	one botl	not box h ar	chec x, unle n office rustee	ess er	(D) Reportable compensatio from the organization (	Repo compe from V- organi	rtable nsation related zations	(	(F) Estima mount o compens	ated of other sation the
		related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099 NEC)	MISC	/1099- /1099- EC)		ganizat relat organiza	ed
	Sub-Total			•			<b>*</b>							
	Total from continuation sheets to Pa Total (add lines 1b and 1c)	· · · ·	· · ·	<u>:</u>	<u>.                                    </u>		<b>*</b>		(		0			0
2	Total number of individuals (includi \$100,000 of reportable compensat					d al	oove)	who	received more	than				
3	Did the organization list any <b>forme</b>	r officer directo	or tri	istee	key	v en	nnlove	20 0	ur highest comp	ensated emn	lovee		Yes	No
	on line 1a? If "Yes," complete Scheo	dule J for such in	dividual	•	•	•		•			•	3		Νο
4	For any individual listed on line 1a, organization and related organizat individual											4		No
5	Did any person listed on line 1a rec	eeive or accrue	 compen	• satio	• n fr	• om	 any u	• nrela	• • • • ated organization	• • n or individu	al for	7		NO
	services rendered to the organizat											5		Νo
	complete this table for your five h	ighest compens												
	compensation from the organization	n. Report compe (A) and business addre		for t	he d	cale	ndar y	/ear		vithin the org (B) escription of se		n's t	ax year. (C Comper	)
2	Total number of independent contrac	tors (includina t	out not	limite	ed to	o th	ose lis	sted	above) who rec	eived more t	han			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	t VIII Statement	t of Revenue							
	Check if Sche	edule O contains a re	sponse or not	e to a				(0)	
					<b>(A)</b> Total revenue	(B) Related exem function reven	l or pt on	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contr	ributions, Gifts, Grants	s, and OtherAmt Sim	ilar Amounts	<b>1a</b> F	ederated campaig		1a	0	312 314
					1embership dues		1b	0	
					undraising events		1c	0	
					elated organization in the contract of the con		1d	0	
				f A	Il other contributions.	gifts, grants.	1e		
				a	nd similar amounts no	t included	1f	205,677	
				g N li	loncash contributions i nes 1a - 1f:\$	ncluded in	1g	0	
				h T	<b>otal.</b> Add lines 1a	-1f			205,677
			Business C	ode					
	2a								
an e	-								
e ve	b								
93	c								
Program Service Revenue									
8	d								
gra	e								
ĕ									
	<b>f</b> All other program	n service revenue.							
	<b>9 Total.</b> Add lines			. 0	<u> </u>	1			
	other	e (including dividend	s, interest, an	ıd	1,36	66	1,366		0
	49incilareamounitales	stment of tax-exemp	bond proceed	ds 🍹		0	0		0 0
	<b>5</b> Royalties	() P		•	•	0	0		0 0
		(i) Real	(ii) Perso	naı					
	<b>6a</b> Gross rents	6a							
	<b>b</b> Less: rental expenses	6b							
	<b>c</b> Rental	60	0						
	income or <b>d</b> (Ness)	ne or (loss)	<u> </u>		0				
	- Net rental meon	(i) Securities	(ii) Othe	er►					
	<b>7a</b> Gross amount	7a							
	from sales of assets other	74							
	than inventory <b>b</b> Less: cost or								
	other basis and sales expenses	7b							
	c Gain or (loss)	7c	0		0				
	<b>d</b> Net gain or (loss		<u> </u>		0				
	<b>8a</b> Gross income from fu			_					
•	(not including \$ contributions reporte	0 of ed on line 1c).							
eun	See Part IV, line 18	8a							
es S	<b>b</b> Less: direct expe		_						
e	c Net income or (Ic	oss) from fundraising	events						
Other Revenue				_					
_	<b>9a</b> Gross income fro activities.	om gaming 9a							
	See Part IV, line : <b>b</b> Less: direct expe	19 <b>9b</b>			_				
		oss) from gaming act	ivities	•					
	<b>10a</b> Gross sales of in	ventery loss							
	returns and allow		,						
	<b>b</b> Less: cost of goo	ods sold <b>10</b> k							
	c Net income or (Ic	oss) from sales of inv	entory						
	Miscellaneo	ous Revenue	Business C	Code					
	11a		243/11033						
	b								
	с								
	<b>d</b> All other revenue	e	T						
	e Total. Add lines	11a-11d		۰		0			
	12 Total revenue. Se	ee instructions		•	207,04	13	1,366		0 0

ori	m 990 (2021)				Page <b>1</b> 0
P	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations mus	t complete all colun	nns. All other orgar	nizations must comp	lete column (A).
	Check if Schedule O contains a response or note to	any line in this Part	tIX		[
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and	0	0	0	C
6	key employees	0	0	0	C
_		ol	0	0	
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	C
	Payroll taxes	0	0	0	0
	Fees for services (non-employees):				
	a Management	0	0	0	0
	b Legal	0	0	0	
	c Accounting	0	0	0	
	d Lobbying	0	0	0	
	e Professional fundraising services. See Part IV, line 17	0	-		
	f Investment management fees	0	0	0	
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule	0	0	0	C
12	O)	ol	0	0	n
	Advertising and promotion	2,535	1,727	808	
	Office expenses	506	506	0	
	Information technology	0	0	0	
	Royalties	0	0	0	
	Occupancy	0	0	0	
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	C
19	Conferences, conventions, and meetings	0	0	0	C
	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
	Depreciation, depletion, and amortization	0	0	0	C
	Insurance	0	0	0	C
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a Fees: State registrations, 990 form filing,	141	0	141	C
	b				
	С				
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,182	2,233	949	C
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720).				

Forr	n 990	0 (2021)				Page <b>11</b>
Р	art X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Part IX			🗆
				<b>(A)</b> Beginning of year		( <b>B</b> ) End of year
	1	Cash-non-interest-bearing		264,601	1	284,484
	2	Savings and temporary cash investments		483,041	2	492,656
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
S	5	Loans and other receivables from any current trustee, key employee, creator or founder, su controlled entity or family member of any of t	0	5	0	
	6	Loans and other receivables from other disquunder section $4958(f)(1)$ ), and persons desc	alified persons (as defined	0	6	0
	7	Notes and loans receivable, net		0	7	0
Assets	8	Inventories for sale or use		0	8	0
1SS	9	Prepaid expenses and deferred charges .	0	9	0	
A	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 0			
	b	Less: accumulated depreciation	<b>10b</b> 0		10c	0
	11	Investments—publicly traded securities .	0	11	170,396	
	12	Investments—other securities. See Part IV, li	0	12		
	13	Investments—program-related. See Part IV, I	0	13		
	14	Intangible assets	0	14		
	15	Other assets. See Part IV, line 11		15	4,381	
	16	Total'assets: Add lines 1 through 15 (must e	747,642	16	951,917	
	17	Accounts payable and accrued expenses .	0	17	802	
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
S	21	Escrow or custodial account liability. Comple	te Part IV of Schedule D	0	21	0
Liabilities	22	Loans and other payables to any current or fo key employee, creator or founder, substantial controlled entity or family member of any of t	contributor, or 35%	0	22	0
Ĭ	23	Secured mortgages and notes payable to unre	•	0	23	0
	24	Unsecured notes and loans payable to unrela	·	0	24	0
	25	Other liabilities (including federal income tax parties, and other liabilities not included on I Complete Part X of Schedule D		25		
	26	<b>Total liabilities.</b> Add lines 17 through 25 .		0	26	802
95		Organizations that follow FASB ASC 958, che	ck here 🕨 🔽 and complete			
alance	27	lines 27, 28, 32, and 33. Net assets without donor restrictions		713,396	27	866,448
18	28	Net assets with donor restrictions		34,246	28	84,667
Assets or Fund Balances		Organizations that do not follow FASB ASC 9	58, check here 🕨 🗌 and	0.,2.0	25	51,561
	29	<b>complete lines 29 through 33.</b> Capital stock or trust principal, or current fun	nds		29	
set	30	Paid-in or capital surplus, or land, building or	equipment fund		30	
As	31	Retained earnings, endowment, accumulated	income, or other funds		31	
Net A	32	Total net assets or fund balances		747,642	32	951,115
	33	Total liabilities and het assets/fund balances		747,642	33	951,917

2c

За

3b

Nο

Form 990 (2021)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Schedule O.

Single Audit Act and OMB Circular A-133?

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

Form 990 (2021)		
Additional Data		Return to Form
	<b>Software ID:</b> 21013178	
	Software Version: v1.00	
Form 990, Special Condition	on Description:	
	Special Condition Description	

#### (Form 990) Department of the Treasury

Internal Revenue Service

**SCHEDULE A** 

Name of the organization

GREENPEACE FOUNDATION

#### **Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

**Employer identification number** 

99-0175939

Inspection

OMB No. 1545-0047

The	organi	zation is not a private fo	undation beca	use it is: (For lines 1	through 12, check only one bo	x.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>							
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:							
5		An organization operat  170(b)(1)(A)(iv). (Co		-	versity owned or operated by a	a governmental unit d	escribed in <b>section</b>		
6		A federal, state, or loca	al government	or governmental unit	described in section 170(b)(1	.)(A)(v).			
7		An organization that no described in <b>section 1</b> 7			f its support from a governme )	ntal unit or from the o	general public		
8		A community trust des	cribed in <b>secti</b>	on 170(b)(1)(A)(vi).	(Complete Part II.)				
9					(1)(A)(ix) operated in conjunctions. Enter the name, ci				
10	V	receipts from activities	s related to its income and ur	exempt functions—su nrelated business taxa	73% of its support from contrib Ibject to certain exceptions, a Iable income (less section 511 (Complete Part III.)	nd (2) no more than 3	33 1/3% of its support		
11		An organization organi	zed and operat	ed exclusively to test	for public safety. See <b>section</b>	509(a)(4).			
12		one or more publicly so	upported organ	nizations described in	benefit of, to perform the func section 509(a)(1) or section 5 of supporting organization and	609(a)(2). See section	n <b>509(a)(3).</b> Check		
а		7.	(s) the power t	to regularly appoint or	controlled by its supported or elect a majority of the director.		, , , ,		
b			pporting organi	ization vested in the s	d in connection with its suppor same persons that control or m				
С					n operated in connection with, mplete Part IV, Sections A, D,		grated with, its		
d		, ·	ated. The organ	nization generally mus	ration operated in connection values st satisfy a distribution require and <b>D, and Part V.</b>	11	` '		
e		Check this box if the o integrated, or Type III			mination from the IRS that it i ing organization.	s a Type I, Type II, T	ype III functionally		
f	Enter	r the number of supporte	ed organization	s		<u> </u>			
g		Provide the following in				T	1		
	. ,	lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the organization listed in your governing	(v) Amount of monetary support	(vi) Amount of other support (see		

(described on lines

1- 10 above (see instructions))

document?

No

Yes

Schedule A (Form 990) 2021

instructions)

(see instructions)

Schedule A (Form 990) 2021 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) 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 . . . . The value of services or facilities furnished by a governmental unit to the organization without charge... Total. Add lines 1 through 3 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) **Public support.** Subtract line 5 from line 4. Section B. Total Support Calendar year (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) 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 business is regularly carried on

#### 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . Total support. Add lines 7 through

13 First 5 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, 

Section C. Computation of Public Support Percentage

12

14

Schedule A (Form 990) 2021

_		_		_		_								-			-		-				_	
I	Pu	b	lic	supp	or	t	per	ce	nt	ag	е	for	202	1	(line	6,	C	column	(f)	div	ided	by	' li	1

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 

h 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  $\ldots\ldots\ldots\ldots\ldots\ldots$ 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

16a 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 

5	ection C. Computation of Public Support Percentage
	Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))
	Public support percentage for 2020 Schedule A, Part II, line 14

15

609,607

609.607

609,607

609,607

8,932

8,932

1,366

98.333 %

97.716 %

1.441 %

2.276 %

Schedule A (Form 990) 2021

(f) Total

(f) Total

Schedule A (Form 990) 2021 Support Schedule for Organizations Described in Section 509(a)(2)

69,026

69.026

69,026

2.314

2,314

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶ □

**(b)** 2018

(d) 2020

109,283

109,283

109,283

2,062

2,062

(d) 2020

148,195

148.195

148,195

2,992

2,992

(c) 2019

(e) 2021

205,677

205,677

205,677

1,366

15

(e) 2021

(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.)

77,426

77,426

77,426

1.564

1,564

30

Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) . . . . . . . . .

Public support percentage from 2020 Schedule A, Part III, line 15 . . . . . . . . . . . . . . . .

Section D. Computation of Investment Income Percentage

(a) 2017

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019
(or fiscal year beginning in)			

Gifts, grants, contributions, and

membership fees received. (Do not include any "unusual grants.") .

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

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

The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 5

7a Amounts included on lines 1, 2, and 3 received from disqualified persons

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. c Add lines 7a and 7b. . Public support. (Subtract line 7c

from line 6.) Section B. Total Support Calendar year

(or fiscal year beginning in) **9** 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

1975.

businesses acquired after June 30, c Add lines 10a and 10b. Net income from unrelated

business activities not included on line 10b, whether or not the

business is regularly carried on.

or loss from the sale of capital assets (Explain in Part VI.) . .

11, and 12.). .

Total support. (Add lines 9, 10c,

Other income. Do not include gain

First 5 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, 

Section C. Computation of Public Support Percentage

Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) . . . . . 17 Investment income percentage from 2020 Schedule A, Part III, line 17 . . . . . . . . . . . . . . . 19a 331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than  $\overline{33}$  1/3%, and line 17 is not

16

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . b 33 1/3% support tests-2020. 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 . . . . 🕨 🗹

За

3b

3с

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Page 4

#### Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you

Section A. All Supporting Organizations

implete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you mplete Sections A and D, and complete Part V.)

checked	box 12b, of Part I, co
checked box	12d, of Part I, cor

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization		
	was described in section 509(a)(1) or (2).	2	

amendment to the organizing document).

organization's organizing document?

"Yes," complete Part I of Schedule L (Form 990).

(1) or (2))? If "Yes," provide detail in Part VI.

organizations)? If "Yes," answer line 10b below.

whether the organization had excess business holdings).

3b and 3c below.

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines

made the determination.

**b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)

purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.

you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

or supervised by or in connection with its supported organizations.

**b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) 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

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)

b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from,

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine

all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

Substitutions only. Was the substitution the result of an event beyond the organization's control?

the filing organization's supported organizations? If "Yes," provide detail in Part VI.

regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

supporting organization had an interest? If "Yes," provide detail in Part VI.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if

organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

each of the supported organizations? If "Yes" or "No", provide details in Part VI.

Supporting Organizations (continued)

Has the organization accepted a gift or contribution from any of the following persons?

Page 5

No

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?						
b	A family member of a person described on 11a above?	11a 11b				
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in	11c				
Se	<u>Part VI.</u> ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the officers, 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 <b>Part VI</b> 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.	1				
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.					
Se	ection C. Type II Supporting Organizations					
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or		Yes	No		
	trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported	1				
S	ectfon <sup>z</sup> b <sup>ro</sup> Afi <sup>o</sup> Type III Supporting Organizations					
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		Yes	No		
	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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in line 2 above, 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 <b>Part VI</b> the role the organization's supported organizations	3				
Se	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructio	ns):	,		
ā	The organization satisfied the Activities Test. Complete <b>line 2</b> below.					
ŀ	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.					
Ć	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity instructions)	(see				
2	Activities Test. Answer lines 2a and 2b below.	ļ	Yes	No		
ā	a 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 <b>Part VI identify those</b> 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		-		

b Did the activities described on line 2a, above 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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

**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.

2b

За

3b

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency

temporary reduction (see instructions)

instructions)

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See

Page **6** 

/ lotal annual distributions. Add lines 1 through 6.					
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions					
9 Distributable amount for 2021 from Section C, line 6					
<b>10</b> Line 8 amount divided by Line 9 amount			10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdis	ii) tribut 2021	ions	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6					

, , , , , , , , , , , , , , , , , , , ,			
9 Distributable amount for 2021 from Section C, line 6	9		
10 Line 8 amount divided by Line 9 amount		10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
Underdistributions, if any, for years prior to 2021         (reasonable cause required explain in Part VI ).  See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021:			
<b>a</b> From 2016			

		_	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in <b>Part VI</b> ).			
See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021:			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
e From 2020			

Schedule A (Form 990) (2021)

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2021 distributable amount

See instructions.

c Excess from 2019. d Excess from 2020. e Excess from 2021. . .

3j and 4c. 8 Breakdown of line 7: a Excess from 2017. . . **b** Excess from 2018. . . .

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in  ${\it Part~VI}$ 

6 Remaining underdistributions for 2021. 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 2022. Add lines

Schedule A (Form 990) 2021	chedule A (Form 990) 2021 Page <b>8</b>							
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							
Return Reference	Return Reference Explanation							
Schedule A, Part III, Line 12	hedule A, Part III, Line 12 There were no other income sources.							
	Schedule A (Form 990) 2021							

## SCHEDULE O

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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

Open to Public Inspection

Schedule O (Form 990) 2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

GREENPEACE FOUNDATION

(Form 990)

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. **Employer identification number** 

99-0175939 Return Explanation Reference Form 990. The president and the Vice-President/Secretary/Treasurer are married. Both are also on the board of directors. Part VI. Section A. Line 2 Form 990. The 990 is prepared in consultation with the officers and volunteer bookkeepers/ accountants when applicable. Part VI. Section B. Line 11b Officers and board members recuse themselves on issues that involve conflict of interest. In 2021 there were no such issues Form 990. Part VI. Section B. Line 12c Form 990. Greenpeace Foundation is an all volunteer organization. It does not have employees. Should it have employees or paid staff in Part VI. the future, it will adhere to the process described in Line 15. Section B. Line 15 Form 990. Greenpeace Foundation makes its governing documents, conflict of interest policy and other financial statements available to Part VI. anyone requesting said documents via email, postal mail or in person. Section C. Line 19

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