990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations bo not enter social security numbers on this form as it may be made public.

Open to Public

Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

		ie Service						Inspection
			lendar year, or tax year beginn	ing 01-01-2023 , and ending 12-31-202	23			
		pplicable:	C Name of organization			D Employe	er identi	fication number
		change	GREENPEACE FUND INC					
	me ch	-				95-331	13195	
In Fir	itial ret nal	turn	Doing business as					
retur	n/termi		North and adversed (and D.O., hour if		ta -	E Telephon	e number	
		d return on pending	1300 EYE STREET NW SUITE 1100	mail is not delivered to street address) Room/su EAST	iite	(202)	462-11	77
	piicaci	on pending	City or town state or province cou	untry, and ZIP or foreign postal code		(202)	102 11	· ·
			WASHINGTON, DC 20005	and y, and 21 or foreign postar code		G Gross red	ceipts \$ 23	3,863,194
			F Name and address of princ	ipal officer:	H(a) I	s this a group re	turn for	
			EBONY MARTIN			ubordinates?	cuiii ioi	☐ Yes 🔽 No
			1300 EYE STREET NW SUIT WASHINGTON, DC 20005	TE 1100 EAST		re all subordina	ites	Yes No
T Ta	x-exer	mpt status:	· · · · · · · · · · · · · · · · · · ·	sert no.) 4947(a)(1) or 527		ncluded? f "No," attach a	list Se	e instructions
				sert no.) 4947(a)(1) or 527		Group exemption		
J W	ebsit	e: WW	/W.GREENPEACEFUND.ORG			stoup exemption	Hamber	
K For	m of o	rganization	: V Corporation Trust Associa	ation Other	L Year of	formation: 1978	M State	of legal domicile: CA
K I OII	11 01 01	i gariizatiori	Associa	otilei otilei				
P	art I	Sum	mary					
	1 6	Briefly de	scribe the organization's missi	on or most significant activities:				
æ	1	TO PROT	ECT AND PRESERVE THE EN	VIRONMENT THROUGH THE FUNDING	G OF GR	ANTS TO OTHE	R ORG	ANIZATIONS.
2	-							
Ë	_							
o Ve	2	Check th	is box 🔲 if the organization d	iscontinued its operations or disposed of	f more th	an 25% of its ne	et assets	5.
Ğ	_			ning body (Part VI, line 1a)			3	5
×8	4	Number	of independent voting members	of the governing body (Part VI, line 1b)			4	5
Activities & Governance	5	Total nur	mber of individuals employed in	n calendar year 2023 (Part V, line 2a)			5	0
Ř	6	Total nur	mber of volunteers (estimate if	necessary)			6	5
A	7a	Total uni	related business revenue from l	Part VIII, column (C), line 12 · · ·			7a	0
	ь	Net unre	lated business taxable income	from Form 990-T, Part I, line 11			7b	0
						Prior Year		Current Year
	8	Contribu	tions and grants (Part VIII, line	1h)		24,693,5	17	21,151,975
Revenue	9	Program	service revenue (Part VIII, line	2g)			0	0
90	10	Investme	ent income (Part VIII, column (A	A), lines 3, 4, and 7d) • • • •		357,4	59	886,878
ш	11	Other re	venue (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, and 11e)		55,0	44	2,752
				must equal Part VIII, column (A), line 12	.)	25,106,0	20	22,041,605
				X, column (A), lines 1-3)		15,530,0	00	23,914,808
	14	Benefits	paid to or for members (Part IX	, column (A), line 4)			0	0
42	15	Salaries,	other compensation, employee	e benefits (Part IX, column (A), lines 5-1	10)	2,710,2	70	3,392,119
Expenses	16a	Profession	onal fundraising fees (Part IX, o	column (A), line 11e)		235,5	00	337,841
ре			raising expenses (Part IX, column (D)					
Щ				nes 11a-11d, 11f-24e) • • • •		1,418,5	71	2,079,735
				t equal Part IX, column (A), line 25)		19,894,3	41	29,724,503
			•	8 from line 12		5,211,6	79	-7,682,898
es es			·		Beg	inning of Current		End of Year
Net Assets or Fund Balances						Year		
Bal	20	Total ass	sets (Part X, line 16)			52,076,0	74	48,387,296
a d	21	Total liab	oilities (Part X, line 26)			6,696,8	29	9,147,942
Zī	22	Net asse	ts or fund balances. Subtract I	ine 21 from line 20		45,379,2	45	39,239,354
	rt II		ature Block					
				xamined this return, including accompar implete. Declaration of preparer (other the				
		ias any kr		implete. Declaration of preparer (other ti	iaii oilice	i) is based on al	1 111101111	acion of which
Sigr		Cianat	e of officer			2024-08-21		
əıyı Her		CONSTAI	e of officer NTIN DOUMAS CFO			Date		
	-		print name and title	Preparer's signature	Date		OTINI	
D-:			rint/Type preparer's name		oate 2024-08-21	Check If F	PTIN P01350943	3
Paid			irm's name CLIFTONLARSONALLEN			self-employed Firm's EIN 41-07	46749	
	par	er _						
Use	On	ily F	irm's address 4 BATTERYMARCH PARK	SUITE 100		Phone no. (781)	982-1001	
			QUINCY, MA 02169					
May	the IF	RS discus	s this return with the preparer	shown above? See Instructions. • •			. [Yes No

Forn	າ 990 (2023)					Page 2
Pa	art III Statement	of Program S	ervice Accompl	ishments		
	Check if Scheo	dule O contains a	response or note to	any line in this Part III		
1	Briefly describe the o	organization's mis	sion:			
PRE		ONMENT. ACTIV			ARE DIRECTED PRIMARILY GH THE CONSIDERATION AN	
2	Did the organization the prior Form 990 c	, ,		rvices during the year v	which were not listed on	☐Yes 🔽 No
	If "Yes," describe the					
3	-	cease conducting,	or make significant	changes in how it con	ducts, any program	Yes V No
	services? If "Yes," describe the	ese changes on So	chedule O.			Yes ₩ No
4	Describe the organiz	ation's program so 01(c)(3) and 501(o	ervice accomplishme c)(4) organizations	are required to report	ee largest program services, a the amount of grants and alloc	•
4a	IMPLEMENTATION OF P SUPPORT PROGRAMS R	ROGRAMS TO AID IN T ELATED TO PUBLIC AV	Y IS GRANT-MAKING TO THE PROTECTION OF MA VARENESS AND UNDERS	RINE MAMMALS, OTHER SPI TANDING OF ENVIRONMENT	23,914,808) (Revenue \$ O ASSIST IN THE IDENTIFICATION, RI ECIES AND THE ENVIRONMENT IN GE FAL ISSUES THROUGH MEDIA AND ED STICHTING GREENPEACE COUNCIL,	NERAL. GRANTS ALSO UCATIONAL PROGRAMS.
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	-					
	 					
	-					
4d	Other program ser	vices (Describe in	Schedule O.)			
	(Expenses \$		including grants o	of \$) (Revenue \$)
4e	Total program serv	ice expenses	23,914,808			
						Form 990 (2023)

Forn	n 990 (2023)			Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🐒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. 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	4	Yes	
5	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	5		No
6	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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
٥	Did the organization report an amount in Part V. line 21 for occrow or custodial account liability, corve as a			

Νo

Νo

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Nο

Nο

11a

11b

11c

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11e

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12a

12b

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14a

14b

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20a

20b

Yes

Yes

Yes

Yes

Yes

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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,

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

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

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

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

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

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

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

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

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

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

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

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

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 🥦

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

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

negotiation services? If "Yes," complete Schedule D, Part IV 🐿

VIII, IX, or X, as applicable.

16

Νo

Νo

Νo

Nο

Nο

Νo

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Nο

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No

24a

24b

24c

24d

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25b

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28a

28b

28c

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31

32

33

34

35a

35b

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Λ

1a

1b

Yes

Yes

Yes

Yes

Form 990 (2023)

orn	n 990 (2023)			Page
Pa	rt IV 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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
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,"	23	Yes	

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

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

哲道學研究 公公司用包括证例所的的形式的 智利并引力 or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member,

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,"

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

ชี้เข้Yสระ" ชีญชิคโซโซเอิร์ทิติปูนโตโลใะ, 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

พื่แร้งหลื เชาสูมิศาร์ลเรียกใช้เลี้ยง ใช้เร็กง tax-exempt or taxable entity? If "Yes," 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

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?

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

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

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

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

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

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

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

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

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

"Yes," complete Schedule L, Part I

If "Yes," completeSchedule L,Part III

conservation contributions?

sections 301.7701-2 and 301.7701-3?

30

Part V

entity or family member of any of these persons?

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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?	2b	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
	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	No
L	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account, beforeign country:		
ь	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		
5a	WBARNe organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	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	No
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?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
		7e	No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	- 9	
	Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
	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: Initiation fees and capital contributions included on Part VIII, line 12		
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
	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	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the		
	year. 12b		
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.		
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 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?	14b	No
16	Excess paractive payment(s) during the year?	16	No
			140
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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	

orm	990 (2023)						Page
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 thr 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedul 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
1 a	Enter the number of voting members of the governing body at the end of the tax	1a		5			
	Year-fire 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		5			
2	Did any officer, director, trustee, or key employee have a family relationship or a bu other officer, director, trustee, or key employee?				2		Νo
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co	,			3		Νo
4	Did the organization make any significant changes to its governing documents since	the p	prior Form 99	0 was	4		Νo
5	600 organization become aware during the year of a significant diversion of the 60	organi	zation's asset	s? .	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 pow more members of the governing body?	er to	elect or appoi	nt one or	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?	al by)	members, sto	ckholders,	7b		Νo
8	Did the organization contemporaneously document the meetings held or written acti	ons ur	ndertaken dur	ing the			

	or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1	1b	5					
2	Did any officer, director, trustee, or key employee have a family relationship or a busin other officer, director, trustee, or key employee?			2		No		
3	Did the organization delegate control over management duties customarily performed by supervision of officers, directors or trustees, or key employees to a management comp		3		Νo			
4	Did the organization make any significant changes to its governing documents since the	rior Form 990 was	4		Νo			
5	600 organization become aware during the year of a significant diversion of the org	zation'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 more members of the governing body?		7a		Νo			
b	Are any governance decisions of the organization reserved to (or subject to approval be or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions year by the following:	dertaken during the						
а	The governing body?			8a	Yes			
b	Each committee with authority to act on behalf of the governing body?			8b		No		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who 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 re	equi	red by the Internal R	eveni	ıe 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 activaffiliates, and branches to ensure their operations are consistent with the organization			10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
			200					

4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		Νo
5	$^{ m fil}$ d $^{ m c}$ 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		Νο
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		Νo
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		Νo
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie 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	Yes	
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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	1136 to connects:	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
c 13	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		Yes Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		

•	year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
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	evenu	ıe 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	Yes	
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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		
_Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AK,AR,CA,CT,FL,GA,HI,IL,KS MN,MS,NC,ND,NH,NM,NJ,NY,0 SC,TN,UT,VA,WI,WV			
	0 11 C104 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

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 apply.

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

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: CONSTANTIN DOUMAS CFO 1300 EYE STREET NW SUITE 1100 EAST WASHINGTON, DC 20005 (202) 462-1177

Part VII

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the 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.

(A) Name and title	(B)	ì								
	Average hours per week (list	uı	(C) sition (do not check more unless person is both an o director/truste	officee)	cer a	and a	1	(D) Reportable compensation from the	(E) Reportable compensation from related	other
	any hours for related organizations below dotted line)	ndividual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
1) AUSTIN THOMPSON FREASURER, CO-CHAIR FIN CTTE		· x		х				0	0	0
2) LIZ GILCHRIST CHAIR	5.00	. x		x				0	0	0
3) MIJIN CHA BOARD MEMBER		· x						0	0	0
4) MELVIN GALLOWAY TREASURER, CO-CHAIR FIN CTTE		· x		х				0	0	0
5) KAD SMITH BOARD MEMBER		· x						0	0	0
6) DEEPA PADMANABHA DEP GENERAL COUNSEL, ASST SECY	16.00			х				59,340	0	17,913
(7) CONSTANTIN DOUMAS CFO, ASST TREASURER, SECY		•		х				107,141	0	16,132
(8) JAY DESIRER MEISEL GENERAL COUNSEL, SECRETARY	20.00			х				115,486	0	13,904
9) EBONY MARTIN EXECUTIVE DIRECTOR	20.00			х				145,251	0	19,830
(10) WILLEM VAN RIJN NTERIM CHIEF OPERATING OFFR	16.00			х				91,178	0	5,679
(11) ANNE MARIE LEONARD CO-EXECUTIVE DIRECTOR	20.00			х				91,922	0	5,069
(12) MAYUMI RIDENHOUR SR MGR INSTITUTIONAL PSHIPS	40.00					х		117,861	0	33,726
(13) WILLIAM E RICHARDSON DEP DIRECTOR/MAJOR GIFTS OFFR	40.00					Х		113,304	0	27,298
(14) JENNIFER DELLEGRAZIO DIR DEVELOPMENT INSTL PSHIPS		•				х		127,684	0	16,190
15) THOMAS C AVILA FUNDRAISING SPECIAL PROJ MGR	40.00			Ĺ		х		101,316	0	25,277
		-								

	(A) Name and title	(B) Average hours per week (list	Average hours per unless person is both an officer and a week (list director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from the									(F) imate nt of o ensat	ther
		any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099- MISC/1099- NEC)	organizations (W-2/1099- MISC/1099- NEC)	orga and	om the nizati relate nizatio	on ed
c 1	Sub-Total	n sheets to Par	•	ection A				_	1,070,483	0		10	81,018
2	Total (add lines 1b and Total number of indiv \$100,000 of reportal	viduals (includin	g but r	not limited to those liste	d at	oove	e) who	rec				10	01,010
	\$100,000 of reportat	ole compensatio	11 11 011	Title organization 7							Yes	; N	No
3	Did the organization on line 1a? If "Yes," o	•		, director or trustee, key	en.	nplo •	yee, c	or hig	ghest compensat	ted employee			N o
4				sum of reportable compe ater than \$150,000? <i>If</i>						from the			
	individual									. 4	Yes	5	
5	, ,			accrue compensation fro Ges," complete Schedule J		,			_	individual for		N	10
Se	ction B. Indepen			ompensated independer	nt 64	ontr	actors	· +b >	t received more	than #100 000 of			
				t compensation for the c							s tax ye	ar. (C)	
THE H	HARRINGTON AGENCY	Name ar		ness address						otion of services S SERVICES & MAILING	Com	pensati	ion 7,140
329 🗅	DICKINSON AVENUE												,
	RTHMORE, PA 19081 ALFORD GROUP								FUNDRAISING FEASIBILITY S			130),279
CHIC	I LASALLE STREET SUITE 91 AGO, IL 60602												
	GRATED DIRECT MARKETIN CONNECTICUT AVENUE NW								FUNDRAISING	SERVICES & MAILING		124	1,923
	HINGTON, DC 20036												

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization 3

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

		0 (2023)											Page 9
Par	t VI		nt of Revenue			+a +a		v line in this De	+ \/III				
		CHECK II SC	chedule O contains a re	espo	ise or no	te to		(A) Total revenue	(B) Related exem functi rever) d or ipt on	(C) Unrelat busine reven	ted ess es	(D) Revenue coluded from under sections 512 - 514
Contr	ibu	tions, Gifts, Gra	nts, and OtherAmt Sim	nilar	Amounts	b c d e f	Mer Fun Rela Gove All o and abov None	mbership dues draising events ated organizatio ernment grants (con other contributions, g similar amounts no	ns	1a 1b 1c 1d 1e	21,15		
								al. Add lines 1a-	-1f	1g 		4,287 21.1 ¹	51,975
en	2a			В	usiness (Code							
Program Service Revenue	ŀ												
gram Serv													
Pro		All other progra	am service revenue.										
			3 Investment income other 49 Inchare afrom the second							758,897			758,897
			5 Royalties 6a Gross rents b Less: rental expenses	6a 6b	(i) R	eal		(ii) Personal					
			c Rental income or (loss) d Net rental incom		(i) Sec		es	(ii) Other					
enne			from sales of assets other than inventory b Less: cost or other basis and	7b		,821,			_				
Other Revenue			c Gain or (loss)	7c		127,9				127,981			127,981
Oth			d Net gain or (loss 8a Gross income from fur (not including \$ contributions reported See Part IV, line 18	ndrais	of ne 1c).	f	8a			227,302			227/302
			b Less: direct expe				ng e	vents					
			9a Gross income fror activities. See Part IV, line 1 b Less: direct expe	9 .		9	9a 9b ctiv	ities					
			10a Gross sales of inv returns and allow. b Less: cost of goo	ento ance	ory, less	1	0a 0b	1.00					
			c Net income or (los					ntory Business Code	e				
			11a REBATES AND	НТС	ER REVE	NUE		9000	099	2,752			2,752
Oth	erR	evenueMiscAmt	с				_						
			d All other revenue				_						
			e Total. Add lines 1 12 Total revenue. Se					.	22	2,752		,	000.630
									22	,041,605	0		889,630

1 6	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must	st complete all colur	nns. All other organ	nizations must compl	ete column (A).
	Check if Schedule O contains a response or note to	· · · · · · · · · · · · · · · · · · ·			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,115,000	expenses 13,115,000	general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	10,799,808	10,799,808		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	688,845		688,845	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,110,300	1	869,936	1,240,364
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	110,116		32,208	77,908
0	Other employee benefits	255,894	ĺ	141,605	114,289
	Payroll taxes	226,964		111,924	115,040
	Fees for services (non-employees):	1,70		,-	
	Management				
	Legal	134,807		92,231	42,576
c	Accounting	70,065		70,065	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	337,841			337,841
f	Investment management fees	79,381		79,381	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	546,318		252,148	294,170
12	Advertising and promotion	2,035	1	1	2,035
	Office expenses	330,089		42,174	287,915
	Information technology	77,849		37,886	39,963
15	Royalties				
16	Occupancy	396,365		191,340	205,025
17	Travel	164,014		21,748	142,266
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	150,572		71,545	79,027
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	102.762		61.666	41.000
	Insurance	102,762		61,666	41,096
24	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 MISCELLANEOUS - OTHER	20,901		7,999	12,902
	b BOOKS & PUBLICATIONS	4,577		139	4,438
	с				
	d				
	e All other expenses				
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	29,724,503	23,914,808	2,772,840	3,036,855

Forr	n 990	0 (2023)			Page 11
P	art X	-			
		Check if Schedule O contains a response or note to any line in this Part IX \cdot .			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	37,725,823	1	31,759,686
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,290,468	3	2,500,574
	4	Accounts receivable, net		4	
	5 6	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		5	
	_			6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use	2,911		0
A	9	Prepaid expenses and deferred charges	2,911	9	U
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	12,056,872	11	14,127,036
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets: Add lines 1 through 15 (must equal line 33)	52,076,074	16	48,387,296
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	2,999,155	18	4,302,071
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	3,697,674	25	4,845,871
	26	Total liabilities. Add lines 17 through 25	6,696,829	26	9,147,942
es		Organizations that follow FASB ASC 958, check here 🔽 and complete			
Fund Balances	27	lines 27, 28, 32, and 33. Net assets without donor restrictions	42,933,778	27	35,938,780
nd Bě	28	Net assets with donor restrictions	2,445,467	28	3,300,574
Ē		Organizations that do not follow FASB ASC 958, check here			
0	29	complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building or equipment fund		30	
Assets	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	45,379,245	32	39,239,354
Net	33	Total liabilities and het assets/fund balances	52,076,074	33	48,387,296
	33	Total habilities and het assets/fund balances	02,070,071	33	Form 000 (202

Both consolidated and separate basis

2c

За

3b

Yes

Νo

Form 990 (2023)

basis, consolidated basis, or both:

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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.

If the organization changed either its oversight process or selection process during the tax year, explain in

Separate basis

Schedule O.

Form 990 (2023)		
Additional Data		Return to Form
	C. fl.	
	Software ID:	
	Software Version:	
Form 990, Special Condition Description	on:	
	Special Condition Description	

(Form 990) Department of the Treasury

Internal Revenue Service

GREENPEACE FUND INC

Form 990 or 990-EZ.

Name of the organization

SCHEDULE A

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

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

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

Open to Pu

95-3313195

Open to Publ Inspection

OMB No. 1545-0047

Pa	rt I	Reason for Public	c Charity St	atus (All organiza	tions must co	mplete this p	art.) See instructio	ns.
Γhe	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in	section 170(b)	(1)(A)(ii). (Attach So	chedule E (Form	າ 990).)		
3		A hospital or a coopera	ative hospital s	service organization o	lescribed in sec	tion 170(b)(1)	(A)(iii).	
4		A medical research org hospital's name, city, a	•	rated in conjunction w	rith a hospital d	escribed in sec	tion 170(b)(1)(A)(iii)). Enter the
5		An organization operat 170(b)(1)(A)(iv). (Co		-	versity owned o	or operated by a	a governmental unit d	escribed in section
6		A federal, state, or local	al government	or governmental unit	described in se	ction 170(b)(1)(A)(v).	
7	V	An organization that no described in section 1 7	,	•		om a governmei	ntal unit or from the g	eneral public
8		A community trust des	cribed in secti	on 170(b)(1)(A)(vi).	(Complete Part	t II.)		
9		An agricultural researd university or a non-lan						
10		An organization that no receipts from activities from gross investment organization after June	ormally receive s related to its income and ur	es: (1) more than 331 exempt functions—su nrelated business tax	/3% of its suppo ubject to certain able income (le	ort from contrib n exceptions, ar ss section 511	utions, membership fond (2) no more than 3	ees, and gross
11		An organization organi	zed and opera	ted exclusively to test	for public safet	ty. See section	509(a)(4).	
12		An organization organiz one or more publicly so the box on lines 12a th	upported organ	nizations described in	section 509(a)	(1) or section 5	09(a)(2). See section	509(a)(3). Check
а		Type I. A supporting or supported organization organization. You must	(s) the power	to regularly appoint o	r elect a majorit			
b		Type II. A supporting of management of the supmust complete Part IV	pporting organ	ization vested in the s			• , , ,	
С		Type III functionally is supported organization	-		•	•	, -	rated with, its
d		Type III non-functional not functionally integra (see instructions). You	ally integrated ated. The organ	. A supporting organiz	zation operated st satisfy a disti	in connection v ribution require	vith its supported org	
е		Check this box if the o integrated, or Type III	-				s a Type I, Type II, Ty	pe III functionally
f	Enter	the number of supporte		, -			<u> </u>	
g		Provide the following in	nformation abo	ut the supported orga	nization(s).			
		ame of supported organization	(ii) EIN	organization (described on lines document? monetary su (see instruct		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				1- 10 above (see instructions))	Yes	No		
		_						
Tota	ıI							
For F	Panerw	vork Reduction Act Notic	ce, see the Ins	tructions for	Cat. No. 11285	iF	Schedula	A (Form 990) 2023

Schedule A (Form 990) 2023 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 **(e)** 2022 (a) 2018 **(b)** 2019 (d) 2021 (f) Total (c) 2020 (or fiscal year beginning in) Gifts, grants, contributions, and 19,689,423 23,991,960 34,265,559 24,693,517 21,151,975 123,792,434 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... 23,991,960 19,689,423 34,265,559 24,693,517 21.151.975 123,792,434 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 11,462,605 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 112,329,829 line 4. Section B. Total Support Calendar year (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total (or fiscal year beginning in) 34,265,559 21,151,975 123,792,434 19,689,423 23,991,960 24,693,517 Amounts from line 4. . Gross income from interest, dividends, payments received on 315,969 197,709 758,897

188,347 177,578 securities loans, rents, royalties and income from similar sources

Section C. Computation of Public Support Percentage

Net income from unrelated

carried on. .

through 10

not the business is regularly

10 Other income. Do not include gain

.

.

or loss from the sale of capital assets (Explain in Part VI.). . 11 Total support. Add lines 7

business activities, whether or

7,016

Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))

Public support percentage for 2022 Schedule A, Part II, line 14

138,389

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,

16a 33 1/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2023. 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 organization

b 10%-facts-and-circumstances test—2022. 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

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

8,126

55,044

2,752

12

14

15

1,638,500

211,327

125,642,261

89.400 %

89.520 %

Schedule A (Form 990) 2023

che	edule A (Form 990) 2023						Page 3
P	art IIII Support Schedule f						
	(Complete only if you						
	II. If the organization	fails to qualify	under the te	sts listed below	, please comple	ete Part I	l.)
	ection A. Public Support						
	fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
•	Gifts, grants, contributions, and						
	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						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
_	from line 6.)						
	ection B. Total Support			Т	1	1	
	endar year fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
-	(less section 511 taxes) from						
	businesses acquired after June 30,						
_	1975.						
с 11	Add lines 10a and 10b. Net income from unrelated	-			1		
	business activities not included on						
	line 10b, whether or not the						
	business is regularly carried on.	<u> </u>			1		
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)	the even in ation!	a first seemed t	hind formeth on fit	fth tay year as a s	ostion FO1	(a)(2) arganization
14	First 5 years. If the Form 990 is for the check this box and stop here	-			•		
-						· · · · ·	
<u> </u>	Public support percentage for 2023 (13, column (f))		15	
15 16	Public support percentage from 202					16	
_	ection D. Computation of Inve					10	
<u>3</u> 17	Investment income percentage for 2				nn (f))	. 17	
17 18	Investment income percentage from					18	
10 19a							, and line 17 is not
_ J	more than 33 1/3%, check this box a						
h	33 1/3% support tests—2022. If the						
_	is not more than 33 1/3%, check this	-			•		_

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

1

2

За

3b

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2023

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

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you

12d, of Part I, complete Sections A and D, and complete Part V.)

checked checked box

Section A. All Supporting Organizations Yes No 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.

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 Part VI how the organization determined that the supported organization

was described in section 509(a)(1) or (2).

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

made the determination.

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).

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. 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

4a 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

4b or 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 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that 4c all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 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

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.

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)

Page 5

а				
	, , , ,			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	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		
S	Part VI. 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 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.	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 Part VI how providing such	_		
	benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection 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	1		
	ection 7. All Type III Supporting Organizations			
	ection b. Air Type 111 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	. 65	
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 Part VI the role the organization's supported organizations	3		
	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	tructio	ns)·	
	The organization satisfied the Activities Test. Complete line 2 below.	uctio		
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see		
	instructions)			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	 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 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. 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 	2a		

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

1 Net short-term capital gain

Enter 85% of line 1

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

temporary reduction (see instructions)

3

4

7

Section A - Adjusted Net Income

Recoveries of prior-year distributions

Other gross income (see instructions)

1 Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

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

(B) Current Year

(optional)

(A) Prior Year

2

3

1

2

3

4

5

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

Page **6**

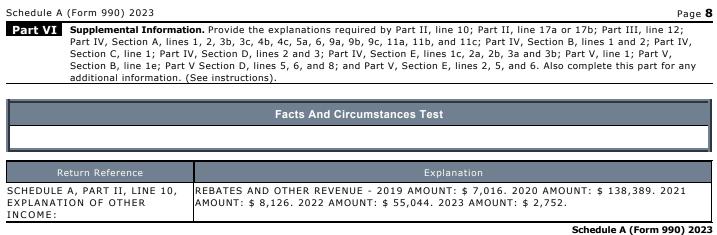
	•			
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	: Fair market value of other non-exempt-use assets	1c		
-	I Total (add lines 1a, 1b, and 1c)	1d		
6	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $0.015\ \text{of line 3}$ (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount	•		Current Year

instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

(continued)

Page **7**

			_		
1 Amounts paid to supported organizations to accompli	sn exempt purposes		1		
2 Amounts paid to perform activity that directly further organizations, in excess of income from activity	s exempt purposes of suppor	ted	2		
3 Administrative expenses paid to accomplish exempt	ourposes of supported organ	izations	3		
	surposes of supported organ	12410113	4		
4 Amounts paid to acquire exempt-use assets					
5 Qualified set-aside amounts (prior IRS approval requir	ed - provide details in Part V	I)	5		
6 Other distributions (describe in Part VI). See instruc	tions		6		
7 Total annual distributions. Add lines 1 through 6.			7		
8 Distributions to attentive supported organizations to (provide details in Part VI). See instructions	which the organization is res	sponsive	8		
9 Distributable amount for 2023 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	Underdis	i) tribut 2023	ions	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6					
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in Part VI). See instructions.					
3 Excess distributions carryover, if any, to 2023:					
a From 2018					
b From 2019					
c From 2020					
d From 2021					
e From 2022					
f Total of lines 3a through e					
g Applied to underdistributions of prior years					
h Applied to 2023 distributable amount					
 Carryover from 2018 not applied (see instructions) 					
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4 Distributions for 2023 from Section D, line 7:					
a Applied to underdistributions of prior years					
b Applied to 2023 distributable amount					
c Remainder. Subtract lines 4a and 4b from line 4.					
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.					
7 Excess distributions carryover to 2024. Add lines 3j and 4c.					
8 Breakdown of line 7:					
a Excess from 2019					
b Excess from 2020					
c Excess from 2021					
d Excess from 2022					
e Excess from 2023					
				Sc	chedule A (Form 990) (2023)



Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2023 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** GREENPEACE FUND INC 95-3313195 Organization type (check one): Filers of: Section: Form 990 or 990-F7 ☐ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ

or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF).

Name of organization GREENPEACE FUND INC **Employer identification number**

95-3313195 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (c) (d) (b) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person RESTRICTED Pavroll \$ RESTRICTED Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Type of contribution Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Pavroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.)

(a)

No. from

Part I

Schedule B (Form 990) (2023)

(d)

Date received

Schedule B (Form 990) (2023)

Employer identification number

95-3313195

(c)

(c)

FMV (or estimate)

(See instructions)

Page 3

Ioncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	
(h)	

(b)

Description of noncash property given

FMV (or estimate) Description of noncash property given (See instructions)

(a) No. from Description of noncash property given Part I

(a) (b) No. from Part I

Description of noncash property given (b)

Description of noncash property given

Part I (a) (b) No. from Description of noncash property given

Part I

(a)

No. from

(a)

No. from

Part I

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

1

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Political Campaign and Lobbying Activities

Open to Public

Yes

OMB No. 1545-0047

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

►Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.
- If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

	me of the organization EENPEACE FUND INC	identific	cation nun	nber		
		95-3313	195			
Par	t I-A Complete if the organization is exempt under section 501(c) or is a s	ection	527 or	ganizat	ion.	_
1	Provide a description of the organization's direct and indirect political campaign activities in Part definition of "political campaign activities."	IV. See	instructi	ons for		
2	Political campaign activity expenditures. See instructions	▶	\$ _			
3	Volunteer hours for political campaign activities. See instructions					
Par	t I-B Complete if the organization is exempt under section 501(c)(3).					_
1	Enter the amount of any excise tax incurred by the organization under section 4955		\$			
2	Enter the amount of any excise tax incurred by organization managers under section 4955		\$_			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			□ Ves	□ No	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..........

4	Did the filing organization file Form 1120-POL for this year?									
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.									
(a)	Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	political co receiv promptly delive separate organizati	nount of contributions yed and and directly red to a e political on. If none, er -0				
1										
2										
3										
4										
5										
6										

Grassroots lobbying expenditures

91,942

225,549

24,588

activity.

1

(a)

Page 3

(b)

tiv	rity.	Yes	No	Amount
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Total. Add lines 1c through 1i

Yes Were substantially all (90% or more) dues received nondeductible by members? 1 1

No Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section

501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A,

line 3, is answered "Yes."

Dues, assessments and similar amounts from members 1

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

1 2 expenses for which the section 527(f) tax was paid).

2a Current year

2b Carryover from last year 2c

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess

3 does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Taxable amount of lobbying and political expenditures. See Instructions 5 Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2022

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

	nme of the organization EENPEACE FUND INC			Employer identification number					
GK	LENFEACE FOND INC			95-3313195					
Pā	art I Organizations Maintaining Donor A			ds or Accounts.					
	Complete if the organization answered '	(a) Donor advised funds	6.	(b) Funds and other accounts					
	Total number at end of year	(a) Dollor advised fullds		(B) Fullus allu other accounts					
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor adv the organization's property, subject to the organizat	-							
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the dor impermissible private benefit?	nor or donor advisor, or for any other	r purpose	conferring .					
Pa	Conservation Easements. Complete if the organization answered '								
1	Purpose(s) of conservation easements held by the o								
	Preservation of land for public use (e.g., recreati		n of an hi	istorically important land area					
	Protection of natural habitat								
	Preservation of open space								
	rreservation or open space								
2	Complete lines 2a through 2d if the organization hel	d a qualified conservation contribution	on in the						
_	easement on the last day of the tax year. Total number of conservation easements			Held at the End of the Year					
a	Total acreage restricted by conservation easements			2a					
b				2b					
С	Number of conservation easements on a certified his	toric structure included in (a)	:	2c					
d	Number of conservation easements included in (c) a historic structure listed in the National Register		on a	2d					
3	Number of conservation easements modified, transfetax year	rred, released, extinguished, or tern	minated b	by the organization during the					
4	Number of states where property subject to conserv	ation easement is located •							
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No								
6	Staff and volunteer hours devoted to monitoring, ins year	pecting, handling of violations, and o	enforcing	g conservation easements during the					
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enfor	cing con	servation easements during the year					
8	Does each conservation easement reported on line 2 (B)(i) and section 170(h)(4)(B)(ii)?			on 170(h)(4) Yes No					
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.								
Paı	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasu		Other Similar Assets.					
1a	If the organization elected, as permitted under FASE of art, historical treasures, or other similar assets he service, provide, in Part XIII, the text of the footnot	3 ASC 958, not to report in its revened for public exhibition, education, c	nue state or resear	ch in furtherance of public					
b	If the organization elected, as permitted under FASE art, historical treasures, or other similar assets held provide the following amounts relating to these item	ASC 958, to report in its revenue s for public exhibition, education, or i	statemen	t and balance sheet works of					
((i) Revenue included on Form 990, Part VIII, line 1 .			> \$					
(ii) Assets included in Form 990, Part X			> \$					
2	If the organization received or held works of art, his following amounts required to be reported under FA	torical treasures, or other similar ass	sets for f	·					
а	Revenue included on Form 990, Part VIII, line 1 · ·			 \$					
b	Assets included in Form 990, Part X			- \$					
	Paperwork Reduction Act Notice, see the Instructions		at. No.	·					

3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):								se of its	
а	Public exhibition		d		Loan	or excha	inge pro	grams		
b	Scholarly research		e		Other	-				
С	Preservation for future generations									
4	Provide a description of the organization's	collections and exp	olain hov	v they	furth	er the or	ganizatio	on's exempt	purpose	e in
_	Part XIII.									
5	During the year, did the organization solici assets to be sold to raise funds rather than								Yes	s No
Pa	rt IV Escrow and Custodial Arran Complete if the organization an Part X, line 21.		Form	990,	Part 1	V, line	9, or re	ported an	amour	nt on Form 990,
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?									
b	If "Yes," explain the arrangement in Part X	IIII and complete t	he follov	wing t	able:			ı	Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on	Form 990 Part X	line 21	for e	scrow	or custo	dial acco	unt liability	7 Yes	s No
24	• • •									
b	If "Yes," explain the arrangement in Part >	(III. Check here if	the expl	anatio	on has	been pr	ovided i	n Part XIII		
Pa	rt V Endowment Funds.	1 1157 11	_							_
	Complete if the organization an	(a) Current year		990, Prior y				(d) Three v	oars hack	(e) Four years back
1a	Beginning of year balance	(a) current year	(5)	, , , , , ,	, cui	(0) 1110	years back	(a) mee y	surs buck	(c) Four years back
	Contributions									
	Net investment earnings, gains, and losses									
	3., 3,				<u> </u>			<u>.</u>		
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cu	rrent year end bala	ance (lin	ne 1g,	colum	ın (a)) h	eld as:			
а										
b	Permanent endowment 🕨									
С	Term endowment 🕨									
	The percentages on lines 2a, 2b, and 2c s	•								
3a	Are there endowment funds not in the poss organization by:	ession of the orgar	nization	that a	re hel	d and ad	minister	ed for the		Yes No
	(i) Unrelated organizations									a(i)
b	(ii) Related organizations									a(ii) 3b
b		tions listed as requ	inea on	Julieu	aute ix				<u> </u>	<u> </u>
4	Describe in Part XIII the intended uses of	the organization's	endowm	nent fu	ınds.					
Pa	rt VI Land, Buildings, and Equipm		-	000	D- 1.1	37 12	11- 6-	00	O D- 1	. V. P 10
	Complete if the organization and Description of property (a) Cost or other controls.		Form ! st or othe					depreciation		X, line 10. (d) Book value
	(investm			- 0010	()	(5) / (6)			\ 	(.,
1-	Land									
	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
e	Other					1			ı	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII	Investments - Other Securities.				5
	Complete if the organization answered "Yes" on Form (a) Description of security or category	990, Part (b) Boo	k	(c) Method of	valuation:
(1) Financia	(including name of security) al derivatives	value	Cost	or end-of-yea	r market value
(2) Closely-	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form	990, Part	IV, line 11c. Se	e Form 990,	Part X, line 13.
	(a) Description of investment		(b) Book value		ethod of valuation: d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.	Þ			
T di C 1X	Complete if the organization answered 'Yes' on Form 9 (a) Description	990, Part I	V, line 11d. Se	e Form 990,	Part X, line 15. (b) Book value
(1)	(a) bescription				(B) Book value
(2)					
(3)					
(4)					
(4)					
(4) (5) (6)					
(4) (5) (6)					
(4) (5) (6) (7) (8)					
(4) (5) (6) (7) (8) (9)	mn (b) must equal Form 990, Part X, col.(B) line 15.))	
(4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered 'Yes' on Form 9	 990, Part I			
(4) (5) (6) (7) (8) (9)	Other Liabilities.	 990, Part I)	(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liability income taxes	 990, Part I)	
(4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal GIFT ANNUL	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liability	 990, Part I			561,41
(4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal GIFT ANNUL	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liability income taxes UTTIES PAYABLE	 990, Part I)	561,41
(4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal GIFT ANNUL	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liability income taxes UTTIES PAYABLE	 990, Part I			561,41
(4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal GIFT ANNUL	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liability income taxes UTTIES PAYABLE	 990, Part I	V, line 11e or 1)	561,41
(4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal GIFT ANNUL	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liability income taxes UTTIES PAYABLE	 990, Part I	V, line 11e or 1)	561,41
(4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal GIFT ANNUL	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liability income taxes UTTIES PAYABLE	 990, Part I	V, line 11e or 1)	561,41
(9) Total. (Column Part X 1. (1) Federal GIFT ANNU	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liability income taxes UTTIES PAYABLE	990, Part I	V, line 11e or 1	1f.	561,41
(4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal GIFT ANNU DUE TO GR	Other Liabilities. Complete if the organization answered 'Yes' on Form 9 See Form 990, Part X, line 25. (a) Description of liability income taxes UTTIES PAYABLE	990, Part I	V, line 11e or 1	1f.	(b) Book value 561,41 4,284,46

Add lines 4a and 4b

Part XI

3

1

2

3

5

Part XIII

Part XII

23,505,231

1,543,007

21,962,224

29,645,122

29,645,122

79,381

29,724,503

Schedule D (Form 990) 2022

Page 4

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Ves' on Form 990 Part IV line 12a

Complete if the organization answered Tes on Form 550, Fart IV, line 12a.	
Total revenue, gains, and other support per audited financial statements	

- 1
- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 1,577,803
- Net unrealized gains (losses) on investments
- Donated services and use of facilities b
- Other (Describe in Part XIII.)
- Add lines 2a through 2d
- Subtract line **2e** from line **1** Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Total expenses and losses per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Donated services and use of facilities

Other losses Other (Describe in Part XIII.)

e Add lines 2a through 2d

Subtract line 2e from line 1 .

Other (Describe in Part XIII.) .

- Investment expenses not included on Form 990, Part VIII, line 7b .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

- - - 4a 4b

2a 2b

2d

4a

4b

2b

2d

- Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

79,381

-34,796

4c Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2e

3

4c

5

79,381

1

2e

79,381 22,041,605

Supplemental Information

PART XI, LINE 2D - OTHER

ADJUSTMENTS:

Add lines 4a and 4b .

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference Explanation PART X, LINE 2: THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE IRC AND IS EXEMPT FROM INCOME TAXES EXCEPT FOR TAXES ON UNRELATED BUSINESS ACTIVITIES. NO TAX EXPENSE IS RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022, AS THERE WERE NO UNRELATED BUSINESS ACTIVITIES. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -34,796.

(FOIIII	990)
Department	of the Tre

/Earm 000\

SCHEDULE F

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

Statement of Activities Outside the United States

Open to Public

OMB No. 1545-0047

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** GREENPEACE FUND INC. 95-3313195 General Information on Activities Outside the United States. Complete if the organization answered Part I "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants Offier assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, region (by type) (such as, program service, describe for and investments region agents, and fundraising, program specific type of in the region independent services, investments, grants service(s) in the region contractors in the to recipients located in the region region) (1) EUROPE (INCLUDING 10,799,808 0 PROGRAM SERVICES SUPPORT GLOBAL ICELAND & GREENLAND) -AND GRANTS TO FOREST AND CLIMATE CAMPAIGNS, SCIENCE ALBANIA, ANDORRA, RECIPIENTS UNIT AND STRATEGIC AUSTRIA, BELGIUM LOCATED IN REGION INITIATIVES (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14)

Cat. No. 50082W

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

Schedule F (Form 990) 2023

10,799,808

Sch	Page F (Form 990) 2023											
Pa					ies Outside the Ur				on Form 990,			
	Part IV, li	ine 15, for an	y recipient who rece	eived more than \$5	,000. Part II can be	duplicated if addition	onal space is needed	l.				
L	(a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash	(g) Amount of noncash	(h) Description of noncash	(i) Method of valuation			

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORT THE SCIENCE UNIT		BANK TRANSFER	(N/A	N/A
(2)		EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORT LEARNING AND DEVELOPMENT PROJECTS	3,550,500	BANK TRANSFER		N/A	N/A
(3)		EUROPE (INCLUDING ICELAND & GREENLAND)	INTERNATIONAL ORGANIZATIONAL DEVELOPMENT	1,535,000	BANK TRANSFER		DN/A	N/A
(4)		EUROPE (INCLUDING ICELAND & GREENLAND)	SUPPORT GLOBAL TEHNOLOGY HUB PRROJECT	4,855,000	BANK TRANSFER		N/A	N/A
(5)		,						
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
a Enter total num	har of recipio	nt organizations list	ed above that are re	cognized as charitie	s by the foreign co	untry recognized a		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

(2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Schedule F (Form 990) 2023

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or (b) Region (c) Number of (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of

assistance	(b) Region	recipients	cash grant	disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(1)							

Additional Data Software ID: Software Version:

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

vame	OT TE	ie org	anızatı	on
GREE	NPE	ACE F	UND	INC

Employer identification number 95-3313195

	FORM 990-EZ IIIE	ers are not require	ed to co	npiete	inis part.						
1	Indicate whether the orga	anization raised funds	s through	n any of t	the following activities. C	heck all that apply.					
а	Mail solicitations				e ✓ Solicitation of non-government grants						
b	▼ Internet and email sol	icitations			f Solicitation of government grants						
c	Phone solicitations				g Special fundraising events						
d	▼ In-person solicitation	S									
2a b	or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising Yes No										
	(i) Name and address of individual or entity (fundraiser)	individual fundi entity (fundraiser) cu		Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
1	MISSION WIRED 650 MASSACHUSETTS	DIGITAL FUNDRAISING	Yes	No							
	ANCENIE NIM			NI o	672 050	120.000	FF2 0F0				

MISSION WIRED 650 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	DIGITAL FUNDRAISING	No	673,950	120,000	553,950
INTEGRATED DIRECT MARKETING LLC 1250 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	DIRECT MARKETING	No	529,199	73,700	455,499
THE HARRINGTON AGENCY 329 DICKINSON AVENUE SWARTHMORE, PA 19081	DIRECT MAIL MARKETING	No	279,368	142,360	137,008
4					
5					
6					
7					
8					
9					
10					
Total		▶	1,482,517	336,060	1,146,457

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- A K, A L, A R, C A, C O, C T, F L, G A, H I, I L, K S, K Y, L A, M A, M D, M E, M I, M N, M S, N C, N D, N H, N J, N M, N V, N Y, O H, O K, O R, P A, R I, S C, T N, U T, V A, W A, W I, W V

	edule G (Form 990) 2023				Page
Pa	rt II Fundraising Events. Com more than \$15,000 of fundr events with gross receipts g	aising event contribu			
	events with gross receipts g	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
ine					
Revenue					
ď					
	1 Gross receipts				
	2 Less: Contributions				
	line 2)				
	4 Cash prizes				
Se	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs				
찞	7 Food and beverages				
ect	8 Entertainment				
ā	9 Other direct expenses				
	10 Direct expense summary. Add lines	,			•
Par	t III Gaming. Complete if the or				norted more than
ı aı	\$15,000 on Form 990-EZ, lin		163 011101111 330,1	The state of the s	Torted more than
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Re	1 Gross revenue				
ses	2 Cash prizes				
Direct Expense					
页	3 Noncash prizes				
irec	4 Rent/facility costs				
ш	5 Other direct expenses		 		
		Yes%	Yes%	Yes%_	
	6 Volunteer labor	No	No	No	
	7 Direct expense summary. Add lines 2	2 through 5 in column (c	i)		•
	8 Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	<u></u>	
9	Enter the state(s) in which the organiz	ration conducts gaming a	activities:		
a b	Is the organization licensed to conduct If "No," explain:				
10a b	Were any of the organization's gaming If "Yes," explain:	licenses revoked, suspe	nded or terminated durin	g the tax year? .	Yes No

		Software	e ID:			
Ac	Iditional Data				Return to Form	
			·	ıle G (F	Form 990) 2023	
	instructions. Return Reference	. 90, 100, 130, 130, 16, and 170,	as applicable. Also provide any additi	Ulidi I	mormation. See	
Par	t IV Supplemental	Information. Provide the expla	nations required by Part I, line 2b, co			b
b		exempt activities during the tax year	ributed to other exempt organizations or sp \$\Box\$	ent		
h			ributed to other exempt organizations or so		Yes No	
а			e distributions from the gaming proceeds to			
17	Mandatory distributions:					
	Director/officer	Employee	☐ Independent contractor			
	bescription of services p					
	Description of services p					
	Gaming manager comper	nsation \$				
	Name 🕨					
16	Gaming manager informa	tion:				
	Address					
	Name 🕨					
·	,	address of the third party:				
r		retained by the third party *				
b			organization 🕨 \$ and	l the		
15a	_		whom the organization receives gaming		Yes No	
	Address					
	Name 🕨					
14	Enter the name and addr	ess of the person who prepares the or	rganization's gaming/special events books a	nd red	cords:	
b				13b		%
а	·			13a		%
13		ritable gaming? of gaming activity conducted in:		 	Yes No	
12	İs the organization a grar	ntor, beneficiary or trustee of a trust o	r a member of a partnership or other entity			
11		nduct gaming activities with nonmem	bers?			ige 2
Sche	dule G (Form 990) 2023				D:	age 3

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I OMB No. 1545-0047 **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection Treasury ► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization Employer identification number GREENPEACE FUND INC 95-3313195 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of (c) IRC section (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant **(b)** EIN (d) Amount of cash (book, FMV, appraisal, organization (if applicable) arant cash noncash assistance or assistance or government assistance other) (1) GREENPEACE INC SUPPORT CORE 52-1541501 501(C)(4) 8,000,000 1300 FYF STREET NW CLIMATE & ENERGY SUITE 1100 FAST CAMPAIGNS WASHINGTON, DC 20005 (2) GREENPEACE INC 52-1541501 501(C)(4) 5,100,000 SUPPORT CORE 1300 EYE STREET NW OCEAN PLASTICS SUITE 1100 EAST CAMPAIGN WASHINGTON, DC 20005 (3) GREENPEACE INC 52-1541501 501(C)(4) 15,000 SUPPORT THE 1300 EYE STREET NW BUILDING OF SUITE 1100 EAST ORGANIZATIONAL WASHINGTON, DC 20005 **EFFECTIVENESS** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2023

Page 2

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

(1)			
(2)			
(3)			
(4)			

(5)

(6) (7)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference **Explanation**

PART I, LINE 2:

GRANTS MADE BY GREENPEACE FUND, INC. TO GREENPEACE, INC. IN THE U.S ARE MONITORED MONTHLY THROUGH THE REGULAR BUDGETING AND FINANCIAL CYCLE BY THE FINANCE DEPARTMENT AT GREENPEACE INC. AND FUND. FUNDS EXPENDED ARE MONITORED BY THE CAMPAIGN DIRECTOR AND FINANCE DEPARTMENT. STANDING MEETINGS ARE SET TO DISCUSS THESE PROJECTS. WHEN GREENPEACE FUND, INC. CONSIDERS A REOUEST FROM GREENPEACE, INC., A PROPOSAL MUST BE SUBMITTED TO THE BOARD OF DIRECTORS FOR APPROVAL. THIS

INCLUDES A PROPOSAL NARRATIVE AND BUDGETS DESCRIBING THE WORK TO BE COMPLETED, GOALS AND OBJECTIVES, AND KEY STAFF, IF THE

BOARD APPROVES THE PROPOSAL, A GRANT AGREEMENT LETTER IS APPROVED BY GREENPEACE FUND'S LEGAL DEPARTMENT AND SIGNED BY ALL INVOLVED PARTIES. ALL RECORDS ARE SAVED BY GREENPEACE FUND BOTH ELECTRONICALLY AND IN HARD COPY.

Compensation Information OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Department of the Treasury Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** GREENPEACE FUND INC 95-3313195 **Questions Regarding Compensation** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods Compensation committee Written employment contract

used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations

During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

compensation contingent on the revenues of:

Any related organization?

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

If "Yes," on line 5a or 5b, describe in Part III.

compensation contingent on the net earnings of: The organization?

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was

8

Any related organization?

If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T

subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

Schedule J (Form 990) 2023

7

8

Yes

No

Yes

Yes

4c

5a

Νo Νo

Νo

Νo

Νo

Νo

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule instructions, on row (ii). Do not list any individuals that are not listed				zation on row (i) a	nd from related o	rganizations, des	cribed in the	
Note. The sum of columns (B)(i)-(iii) for each listed individual must eq		he total amount o	f Form 990, Part \					that individual.
(A) Name and Title			of W-2, 1099-MIS and/or 1099-NEC		(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 EBONY MARTIN EXECUTIVE DIRECTOR	(i)	145,251	0	0	8,895	10,935	165,081	0
	(ii)	0	- 0		- 0	0	0	- 0
2 MAYUMI RIDENHOUR SR MGR INSTITUTIONAL PSHIPS	(i)	115,130	2,731	0	7,778	25,948	151,587	0
	(ii)	0	0	0	0	0	0	0
							Schedule J (Form 990) 2023

OF INDEPENDENT REVIEW TOOK PLACE IN 2023. PART I, LINE 4A IN 2023. AN INDIVIDUAL REPORTED IN FORM 990 PART VII SECTION A WAS PAID THE SEVERANCE AMOUNT IDENTIFIED BELOW: ANNE

Schedule J (Form 990) 2023

MARIE LEONARD, CO-EXECUTIVE DIRECTOR \$36,750 PART I, LINE 7: IN 2023, CERTAIN INDIVIDUALS REPORTED IN FORM 990 PART VII

SECTION A WERE PAID THE BONUSES IDENTIFIED BELOW: CONSTANTIN DOUMAS. CHIEF FINANCIAL OFFICER/ASST TREASURER/SECRETARY \$1,538 MAYUMI RIDENHOUR, INSTITUTIONAL PARTNERSHIPS SENIOR MANAGER \$2,731 THOMAS C AVILA, FUNDRAISING SPECIAL

PROJECTS MANAGER \$1,800 Schedule J (Form 990) 2023



(Form 990)

SCHEDULE M

Noncash Contributions

2023

OMB No. 1545-0047

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

	Il Revenue Service						Insp	ectio	n
	e of the organization				Emplo	yer identificat	tion nu	mber	
GREE	NPEACE FUND INC								
D-	rt I Types of Property				95-33	313195			
Рε	Types of Property	(-)	(1-)	(-)	1		٦١.		
		(a) Check if applicable		(c) Noncash contribution amounts reported on Form 990, Part VIII, lin 1 g		Method of oncash contri		_	nts
1	Art—Works of art								
2	Art—Historical treasures .								
	Art—Fractional interests								
	Books and publications								
5	Clothing and household goods								
6	goods								
	Boats and planes								
	Intellectual property				1				
	Securities—Publicly traded .	Х	5 0	454,28	7 QUO	TED MARKET	T PRIC	ES	
	Securities—Closely held stock			,	1	-			
	•								
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
	Food inventory								
	Drugs and medical supplies .								
	Taxidermy								
	Historical artifacts								
	Scientific specimens								
	Archeological artifacts Other ▶ ()				-				
	Other ▶ ()								
	Other ▶ ()								
	Other • ()								
	Number of Forms 8283 received by	, the organi	zation during the tay year	for contributions					
29	for which the organization complet				29			Vac	Na
30a	During the year, did the organizat it must hold for at least three yea exempt purposes for the entire ho	rs from the olding period	date of the initial contribut 1?				20-	Yes	No
L	If "Yes," describe the arrangemen	t in Dart II					30a		No
31	Does the organization have a gift			viow of any ponetanderd	contrib	outions?	31	Yes	
J-	Dues the organization have a gift	acceptance	poncy macrequires me re	eview of any nonstandard	COULTIE	/uci0115 !	31	103	

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

b If "Yes," describe in Part II.

describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

32a

Νo

Schedule M (Form 990) (2023)		Page 2					
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.							
Return Reference	Explanation						
, , ,	NUMBER OF CONTRIBUTIONS IS BASED ON TOTAL INDIVIDUAL DONORS, AND NOT DIFFERENT STOCKS.						
	Schedule M (Form 990)	(2023)					

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

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

Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization GREENPEACE FUND INC

Employer identification number

GREENPEACE FUN	7.110	95-3313195							
Return Reference	·								
FORM 990, PART VI, SECTION A, LINE 8B	THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.								
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM BASED ON DATA AND SCHEDULES PROVIDED BY THE CONTROLLER, AND REVIEWED BY THE ORGANIZATION'S MANAGEMENT TEAM. THE 990 IS THEN REVIEWED AND APPROVED BY THE FINANCE COMMITTEE. AFTER THIS APPROVAL, THE 990 IS SUBMITTED TO THE FULL BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. THESE VARIOUS LEVELS OF REVIEW ENSURE THE INFORMATION FILED IS COMPLETE, ACCURATE, AND IN COMPLIANCE WITH REGULATIONS.								
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF DIRECTORS AND ACKNOWLEDGED IN WRITING. THIS PROCESS IS OVERSEEN BY GENERAL COUNSEL. ON AN ANNUAL BASIS, EACH DIRECTOR ALSO COMPLETES A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCE IN WHICH HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT. FOLLOWING FULL DISCLOSURE OF A POSSIBLE CONFLICT OF INTEREST, THE BOARD OF DIRECTORS SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS, AND, IF SO, THE BOARD TAKES ANY ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT THE ORGANIZATION'S BEST INTERESTS. INTERESTED PERSONS ARE ALSO URGED TO DISCLOSE THE EXISTENCE OF POTENTIAL CONFLICTS AS THEY ARISE. INTERESTED PERSONS ARE TO DISCLOSE NEW POTENTIAL CONFLICTS DURING THE YEAR DURING A MEETING OF THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS THEN ASSESSES THE POTENTIAL CONFLICT AND VOTE TO DETERMINE IF A CONFLICT OF INTEREST EXISTS. IF A CONFLICT OF INTEREST DOES EXIST, EMPLOYEES ARE REQUIRED TO DISQUALIFY THEMSELVES FROM ACTING OR PARTICIPATING IN PROFESSIONAL DUTIES.								
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION PERIODICALLY BENCHMARKS TRYING TO REMAIN CONSISTENT A SALARY, RESPONSIBILITIES, SENIORITY. WE USE RELEVANT MARKET DATA FOR EACH COMPENSATION. COMPENSATION FOR THE EXECUTIVE DIRECTOR AND TOP MANAGEM AND BASED ON ANALYSIS OF COMPARABLE DATA OBTAINED FROM INDUSTRY RESO COMPANALYST), PUBLICLY DISCLOSED 990S, PEER ORGANIZATIONS, AND OUR PAYRE RELEVANT LABOR MARKET FOR GREENPEACE, INC.: REGION: MID-ATLANTIC; SIZE: 20 NOT FOR PROFIT. BENCHMARKING RESULTS ARE ASSEMBLED AND DOCUMENTED BY SENIOR LEVEL SALARY POSITIONS ARE REVIEWED BY THE EXECUTIVE DIRECTOR, THE PEOPLE AND CULTURE DIRECTOR, AND THE PROGRAM DIRECTOR IN MOST CASES; WHAND TOP MANAGEMENT, THE BOARDS ARE ALSO INVOLVED IN THE PERIODIC BENCHMAS LAST PERFORMED IN 2023.	POSITION TO DETERMINE ENT IS INDEPENDENTLY REVIEWED URCES (E.G. PAYSCALE & OLL PROCESSING COMPANY. THE IO-500 FTE; REVENUE: 50M; INDUSTRY: THE PEOPLE AND CULTURE DIRECTOR. E CHIEF OPERATING OFFICER, THE HILE FOR THE EXECUTIVE DIRECTOR							
FORM 990, PART VI, SECTION C, LINE 18	THE FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE. THE 990 IS ALSO MADE AVAILABLE, AS WELL AS FORM 1023, UPON REQUEST IN ACCORDANCE WITH THE U.S. TITLE 26, SUBTITLE F, CHAPTER 61, SUBCHAPTER B, SECTION 6104(D)(1)								
FORM 990, PART VI, SECTION C, LINE 19	GREENPEACE FUND'S ORGANIZATIONAL DOCUMENTS, CODE OF ETHICS (WHICH INCLUDES CONFLICT OF INTEREST POLICY), ANNUAL REPORTS, AND RELATED DOCUMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE. IN ADDITION, AUDITED FINANCIAL STATEMENTS ARE PERIODICALLY POSTED TO THE WEBSITE ANNUALLY.								
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS -34,796.								
FORM 990, PART XII, LINE 2C:	OVERSIGHT OF AUDIT: GREENPEACE FUND HAS AN AUDIT COMMITTEE THAT ASSUME THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCUREVIEWS AND APPROVES THE AUDIT REPORT AND FINANCIAL STATEMENTS AND RECOFFILL BOARD.	OUNTANT. THE AUDIT COMMITTEE							
For Paperwork Redu	ction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K	Schedule O (Form 990) 2023							

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

2023
Open to Public

Inspection

Name of the organization **Employer identification number** GREENPEACE FUND INC 95-3313195 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Direct controlling Primary activity Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Primary activity Direct controlling Section or foreign country) (if section 501(c)(3)) entity 512(b) (13)controlled entity? Yes No (1) ENVIRONMENTAL SUPPORT FUND SUPPORTING ORGANIZATION 501(C)(3) LINE 12B, II GREENPEACE FUND INC Yes 1300 EYE STREET NW SUITE 1100 EAST FOR GREENPEACE FUND, INC. WASHINGTON, DC 20005 26-3895308 Cat. No. 50135Y For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,
because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop alloca	tions?	(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	Gene man part	aging mer?	(k) Percentage ownership
							Yes	No		Yes	No	ŀ
Part IV Identification of Related Organizations								answered	l "Yes" on	Form 9	90, Part	IV, line

34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Type of entity (C corp, S	(f) Share of total income	(g) Share of end- of-year	(h) Percentage ownership	Section 5 controlled	i) 12(b)(13) d entity?
		(state or foreign country)		corp, or trust)		assets		Yes	No
=									
-	Schedule R (Form 990) 2023								

chedule R (Form 990) 2023					Pag	e 3	
Part V Transactions With Related Organizations. Complete if the organization answere	ed "Yes" on Form 9	990, Part IV, line	34, 35b, or 36.				
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1 During the tax year, did the organization engage in any of the following transactions with one or more rel	ated organizations li	sted in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No	
${f b}$ Gift, grant, or capital contribution to related organization(s)				1b		No	
c Gift, grant, or capital contribution from related organization(s)							
d Loans or loan guarantees to or for related organization(s)							
$f e$ Loans or loan guarantees by related organization(s) $\dots \dots \dots \dots \dots \dots \dots$				1e		No	
f Dividends from related organization(s)				1f		No	
g Sale of assets to related organization(s) · · · · · · · · · · · · · · · · · · ·				1 g		No	
${f h}$ Purchase of assets from related organization(s)				1h		No	
i Exchange of assets with related organization(s)							
${f j}$ Lease of facilities, equipment, or other assets to related organization(s) \cdot · · · · · · · · · · · · · · · · · · ·				1j		No	
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No	
I Performance of services or membership or fundraising solicitations for related organization(s)							
$\dot{\mathbf{m}}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No	
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No	
$oldsymbol{o}$ Sharing of paid employees with related organization(s) $oldsymbol{\cdot}$ $olds$				10		No	
p Reimbursement paid to related organization(s) for expenses				1 p		No	
q Reimbursement paid by related organization(s) for expenses				1q		No	
${f r}$ Other transfer of cash or property to related organization(s)				1r		No	
${f s}$ Other transfer of cash or property from related organization(s)				1s		No	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including co	vered relationships	and transaction thresholds.				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	nount in	nvolved		

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

evenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from	Are al se 501 organ	(e) Il partners ection L(c)(3) nizations?	(f) Share of total income	(g) Share of end-of-year assets	(h Dispropi allocat	rtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1	(j) Gener mana partr	ral or aging	(k) Percentage ownership
			tax under sections 512- 514)	Yes	No			Yes	No	(Form 1065)	Yes	No	
								_					
								<u> </u>					
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					<u></u>	<u></u>	<u></u>		<u> </u>	So	chedule R	१ (Form 9	990) 2023

Schedule R (Form 990) 2023	Page 5	
Part VII Supplemental In		
Provide additional inf	ormation for responses to questions on Schedule R. See instructions.	
Return Reference	Exp	planation
		Schedule R (Form 990) 2023
Additional Data		Return to Form
	Software ID:	
	Software Version:	