

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

Header section A-M containing organization name, address, EIN, and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows 1-22.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block containing fields for officer signature, preparer name (PATRICIA A. WINTROATH), date, and firm information.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO HELP ORGANIZATIONS AROUND THE WORLD TRACK THE EXTENT OF SOCIETY'S ENVIRONMENTAL IMPACT THROUGH THE USE OF A RESOURCE MANAGEMENT TOOL, KNOWN AS THE "ECOLOGICAL FOOTPRINT," THAT MEASURES HOW MUCH LAND AND WATER AREA A HUMAN POPULATION REQUIRES TO PRODUCE RESOURCES IT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 335,049. including grants of \$) (Revenue \$ 186,096.) RESEARCH AND STANDARDS - THE GLOBAL FOOTPRINT NETWORK (GFN) SERVES AS A POWERFUL LEVER FOR FOSTERING SUSTAINABILITY. THE ORGANIZATION PROVIDES A CLEARLY DEFINED AND SCIENTIFICALLY VALID WAY OF MEASURING HUMAN DEMAND ON A PLANET WITH LIMITED RESOURCES. GFN WORKS COLLABORATIVELY WITH SCIENTIFIC ORGANIZATIONS TO ESTABLISH EVER IMPROVING, TRANSPARENT, QUALITY STANDARDS FOR ECOLOGICAL FOOTPRINT ACCOUNTING. THESE STANDARDS ARE REVIEWED AND APPROVED BY A SCIENTIFIC REVIEW COMMITTEE.

4b (Code:) (Expenses \$ 839,235. including grants of \$) (Revenue \$ 401,066.) OUTREACH & COMMUNITY BUILDING - GLOBAL FOOTPRINT NETWORK (GFN) BRINGS TOGETHER THE KEY ORGANIZATIONS AND INDIVIDUALS WHO WORK WITH THE ECOLOGICAL FOOTPRINT. GFN PROVIDES A FORUM WHERE PRACTITIONERS AND SCIENTISTS FROM ACADEMIA, GOVERNMENT, BUSINESS AND NGO'S CAN POOL THEIR EXPERIENCE, SHARE RESEARCH FINDINGS, AND CREATE NEW APPLICATIONS IN THE AREA OF RESOURCE ACCOUNTING. GFN USES ITS WEBSITE, PUBLIC LECTURES, MEDIA APPEARANCES AND PUBLICATIONS TO PROMOTE THE ECOLOGICAL FOOTPRINT AND SHARE FINDINGS. IN 2011, GFN EXPANDED ITS WORK WITH A RAPIDLY-EXPANDING NETWORK OF OTHER SUSTAINABILITY-ORIENTED NGO'S AND COMPANIES-NOW NUMBERING OVER 70 - TO PROMOTE THE INNOVATION, INGENUITY AND RE-VISIONING NEEDED TO ACHIEVE A SUSTAINABLE HUMAN FUTURE.

4c (Code:) (Expenses \$ 403,627. including grants of \$) (Revenue \$ 2,069.) STRATEGIC PROJECTS. IN 2012, GLOBAL FOOTPRINT NETWORK ENGAGED WITH MORE THAN A DOZEN NATIONS TO INFORM THEM ABOUT THEIR SPECIFIC RESOURCE TRENDS AND ENCOURAGE THEM TO ADOPT THE FOOTPRINT AS AN INDICATOR. IT PROVIDED SUPPORT FOR GOVERNMENT INITIATIVES IN ECUADOR AND CALGARY WHERE OFFICIALS, FOR THE FIRST TIME, COMMITTED TO SPECIFIC ECOLOGICAL FOOTPRINT TARGETS. IN COLLABORATION WITH GOVERNMENT AND NGO PARTNERS, GFN BEGAN BUILDING NEW TOOLS TO APPLY FOOTPRINT DATA FOR TESTING POLICY CHOICES.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,577,911.

Part 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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
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 investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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 to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in 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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in 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?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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)
- 19** 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **FRANK THOMPSON - 510-839-8879**
312 CLAY STREET, SUITE 300, OAKLAND, CA 94607

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN J. BURNS EXECUTIVE DIRECTOR/CEO	40.00	X		X				100,000.	0.	2,400.
(2) MATHIS WACKERNAGEL PRESIDENT	40.00	X		X				100,000.	0.	2,400.
(3) TERRY VOGT CHAIRMAN/TREASURER	1.00	X		X				0.	0.	0.
(4) TONY LONG DIRECTOR	1.00	X						0.	0.	0.
(5) RAZAN AL MUBARAK DIRECTOR	1.00	X						0.	0.	0.
(6) MICHAEL SAALFELD DIRECTOR	1.00	X						0.	0.	0.
(7) ROB LILLEY DIRECTOR	1.00	X						0.	0.	0.
(8) LOUIS DE MONTEPELLIER DIRECTOR	1.00	X						0.	0.	0.
(9) JAMSHYD GODREJ DIRECTOR	1.00	X						0.	0.	0.
(10) LYNDA MANSSON DIRECTOR	1.00	X						0.	0.	0.
(11) SAROSH KUMANA DIRECTOR	1.00	X						0.	0.	0.
(12) GEOFFREY TROTTER VP OPERATIONS	40.00				X			115,000.	0.	2,400.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							315,000.	0.	7,200.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							315,000.	0.	7,200.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,709,344.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		1,709,344.				
	Program Service Revenue	2 a	SERVICE FEES	Business Code 541900	480,865.	480,865.		
b		LICENSE FEES	541900	67,861.	67,861.			
c		HONORARIA	541900	33,326.	33,326.			
d		REIMBURSED EXPENSES	541900	7,086.	7,086.			
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		589,138.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,933.			1,933.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		458.			458.	
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	OTHER INCOME	541900	93.	93.				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		93.					
12	Total revenue. See instructions.		2,300,966.	589,231.	0.	2,391.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	315,001.	181,751.	82,500.	50,750.
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	832,884.	506,134.	211,736.	115,014.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	43,749.	25,830.	13,003.	4,916.
10 Payroll taxes	93,142.	55,241.	24,610.	13,291.
11 Fees for services (non-employees):				
a Management				
b Legal	1,403.	551.	852.	
c Accounting	29,229.		29,229.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	203,172.	120,774.	18,364.	64,034.
12 Advertising and promotion				
13 Office expenses	2,079.	754.	923.	402.
14 Information technology				
15 Royalties				
16 Occupancy	121,783.	74,195.	31,038.	16,550.
17 Travel	24,040.	14,992.	452.	8,596.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	304.		304.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,101.	3,375.	1,973.	753.
23 Insurance	8,736.	<370.>	9,188.	<82.>
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 DIRECT PROGRAM EXPENSES	383,338.	356,464.	1,747.	25,127.
b FUNDING OF INTERNATIONAL	191,866.	190,702.	766.	398.
c COMPUTER RELATED EXPENSES	35,929.	19,022.	8,723.	8,184.
d POSTAGE & DELIVERY	12,254.	8,810.	304.	3,140.
e All other expenses	36,153.	19,686.	8,975.	7,492.
25 Total functional expenses. Add lines 1 through 24e	2,341,163.	1,577,911.	444,687.	318,565.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	29,900.	1	0.	
	2 Savings and temporary cash investments	756,665.	2	1,380,868.	
	3 Pledges and grants receivable, net	792,015.	3	94,212.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	211.	9	23,267.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 162,092.			
	b Less: accumulated depreciation	10b 116,823.	12,166.	10c 45,269.	
	11 Investments - publicly traded securities	64,905.	11	96,869.	
	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	11,245.	15	10,861.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,667,107.	16	1,651,346.		
Liabilities	17 Accounts payable and accrued expenses	145,881.	17	136,551.	
	18 Grants payable		18		
	19 Deferred revenue	62,000.	19	48,457.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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		25		
	26 Total liabilities. Add lines 17 through 25	207,881.	26	185,008.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,226,086.	27	693,580.	
	28 Temporarily restricted net assets	233,140.	28	772,758.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	1,459,226.	33	1,466,338.		
34 Total liabilities and net assets/fund balances	1,667,107.	34	1,651,346.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,300,966.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,341,163.
3	Revenue less expenses. Subtract line 2 from line 1	3	<40,197.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,459,226.
5	Net unrealized gains (losses) on investments	5	47,309.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,466,338.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization <p align="center">GLOBAL FOOTPRINT NETWORK, INC.</p>	Employer identification number <p align="center">73-1672982</p>
--	--

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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 Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

332021
09-25-13

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1290604.	1059635.	1635877.	1164700.	1709344.	6860160.
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	870,890.	1263353.	763,224.	847,423.	589,138.	4334028.
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 furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2161494.	2322988.	2399101.	2012123.	2298482.	11194188.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						11194188.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	2161494.	2322988.	2399101.	2012123.	2298482.	11194188.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,306.	4,922.	3,006.	4,214.	1,933.	15,381.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,306.	4,922.	3,006.	4,214.	1,933.	15,381.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	<3,575.>	<17,155.>	<12,810.>	70.	551.	<32,919.>
13 Total support. (Add lines 9, 10c, 11, and 12.)	2159225.	2310755.	2389297.	2016407.	2300966.	11176650.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	100.16 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.14 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.26 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

Employer identification number

GLOBAL FOOTPRINT NETWORK, INC.

73-1672982

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization GLOBAL FOOTPRINT NETWORK, INC.	Employer identification number 73-1672982
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT MCG LILLEY P.O. BOX 2367 GUERNEVILLE, CA 95446	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BARR FOUNDATION THE PILOT HOUSE, LEWIS WHARF BOSTON, MASSACHUSETTS, SWITZERLAND 02110	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	F. PETER SEIDEL 5300 HAMILTON AVENUE, #1403 CINCINNATI, OH 45224	\$ 7,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FLORA FAMILY FOUNDATION 2121 SAND HILL ROAD, SUITE 123 MENLO PARK, CA 94025	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ENVIRONMENT AGENCY ABU DHABI P.O. BOX 45553 ABU DHABI, UNITED ARAB EMIRATES	\$ 350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SAROSH KUMANA 719 SCOTT STREET SAN FRANCISCO, CA 94117	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLOBAL FOOTPRINT NETWORK, INC.	Employer identification number 73-1672982
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BRISTOL-MYERS SQUIBB FOUNDATION P.O. BOX 4755 SYRACUSE, NY 13221	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MARY & TERRY VOGT 777 4TH AVENUE SAN FRANCISCO, CA 94118	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	MAVA STIFTUNG FUR NATURSCHUTZ RUE MAUVERNEY 28 GLAND, SWITZERLAND 1196	\$ 902,295.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SKOLL FOUNDATION 250 UNIVERSITY AVENUE, SUITE 200 PALO ALTO, CA 94301	\$ 18,116.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	THE LAWRENCE FOUNDATION 530 WILSHIRE BLVD., SUITE 207 SANTA MONICA, CA 90401	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	V. KANN RASMUSSEN FOUNDATION 475 RIVERSIDE DRIVE, SUITE 900 NEW YORK, NY 10115	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLOBAL FOOTPRINT NETWORK, INC.	Employer identification number 73-1672982
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<u>WINSLOW FOUNDATION</u> <u>1800 MASSACHUSETTS AVE., NW, 5TH FLOOR</u> <u>WASHINGTON, DC 20036</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<u>FRANCES HELLER</u> <u>146 WEST 57TY STREET, #41B</u> <u>NEW YORK, NY 10019</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<u>KEIDANREN NATURE CONSERVATION FUND</u> <u>SUMITOMO MITSUI TRUST BANK, LTD,</u> <u>BUSINESS DEPT., 3-33-1</u> <u>SHIBA, MINATO-KU, TOKYO, JAPAN</u>	\$ <u>41,514.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<u>ROCKEFELLER FOUNDATION</u> <u>420 FIFTH AVENUE</u> <u>NEW YORK, NY 10018</u>	\$ <u>120,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GLOBAL FOOTPRINT NETWORK, INC.	Employer identification number 73-1672982
---	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization GLOBAL FOOTPRINT NETWORK, INC.	Employer identification number 73-1672982
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

GLOBAL FOOTPRINT NETWORK, INC.

Employer identification number

73-1672982

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation 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, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 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):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		11,988.	11,988.	0.
d Equipment		119,998.	75,735.	44,263.
e Other		30,106.	29,100.	1,006.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				45,269.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and other liabilities.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 2,413,695, reconciling to 2,300,966.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 2,406,583, reconciling to 2,341,163.

Part XIII Supplemental Information.

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.

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: **GLOBAL FOOTPRINT NETWORK, INC.** Employer identification number: **73-1672982**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE	0	0	PROGRAM SERVICES	EDUCATIONAL ACTIVITIES	6,512.
EUROPE	0	0	PROGRAM SERVICES	RESEARCH AND REPORTS	64,092.
EUROPE	0	0	FUNDRAISING	FUNDRAISING	5,079.
EAST ASIA & THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH & REPORTS	59,347.
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	RESEARCH & REPORTS	60,876.
SOUTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH & REPORTS	630.
SOUTH ASIA	0	0	PROGRAM SERVICES	RESEARCH & REPORTS	458.
CENTRAL AMERICA	0	0	PROGRAM SERVICES	RESEARCH & REPORTS	464.
3 a Sub-total	0	0			197,458.
b Total from continuation sheets to Part I	0	0			951.
c Totals (add lines 3a and 3b)	0	0			198,409.

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

Schedule F (Form 990) 2013

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST & N AFRICA	0	0	FUNDRAISING	FUNDRAISING	951.
Totals					951.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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 ► _____

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 assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2013

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

GLOBAL FOOTPRINT NETWORK, INC.

Employer identification number

73-1672982

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b 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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 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 used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2013

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

(This area contains horizontal lines for providing supplemental information.)

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Name of the organization: **GLOBAL FOOTPRINT NETWORK, INC.** Employer identification number: **73-1672982**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			Yes	No			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GLOBAL FOOTPRINT NETWORK-S	SEE SCHEDULE O	109,992.	WRITE OFF O		X
GLOBAL FOOTPRINT NETWORK-E	SEE SCHEDULE O	78,925.	WRITE OFF O		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON:

GLOBAL FOOTPRINT NETWORK-SWITZERLAND FOUNDATION

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE SCHEDULE O

(C) AMOUNT OF TRANSACTION \$ 109,992.

(D) DESCRIPTION OF TRANSACTION: WRITE OFF OF UNPAID INVOICE AMOUNTS FOR INVOICES ISSUED IN 2011.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: GLOBAL FOOTPRINT NETWORK-EUROPE, AISBL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SEE SCHEDULE O

(C) AMOUNT OF TRANSACTION \$ 78,925.

(D) DESCRIPTION OF TRANSACTION: WRITE OFF OF UNPAID INVOICE AMOUNTS FOR INVOICES ISSUED IN 2009.

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

GLOBAL FOOTPRINT NETWORK, INC.

Employer identification number

73-1672982

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO HELP ORGANIZATIONS AROUND THE WORLD TRACK THE EXTENT OF SOCIETY'S
ENVIRONMENTAL IMPACT THROUGH THE USE OF A RESOURCE MANAGEMENT TOOL,
KNOWN AS THE "ECOLOGICAL FOOTPRINT," THAT MEASURES HOW MUCH LAND AND
WATER AREA A HUMAN POPULATION REQUIRES TO PRODUCE RESOURCES IT CONSUMES
AND TO ABSORB ITS WASTES, TAKING INTO ACCOUNT PREVAILING TECHNOLOGY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONSUMES AND TO ABSORB ITS WASTES, TAKING INTO ACCOUNT PREVAILING
TECHNOLOGY.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: SUSAN BURNS, CEO/EXECUTIVE DIRECTOR, IS MARRIED TO MATHIS
WACKERNAGEL, PRESIDENT.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: PER THE BYLAWS, MATHIS WACKERNAGEL AND SUSAN BURNS HAVE THE
AUTHORITY TO EACH APPOINT 2 MEMBERS TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE CEO/EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE REVIEW THE
FORM 990 PRIOR TO FILING. SUBSEQUENTLY, THEY PROVIDE A COMPLETE COPY OF
THE 990 TO ALL MEMBERS OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO BOARD

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization GLOBAL FOOTPRINT NETWORK, INC.	Employer identification number 73-1672982
--	--

MEMBERS AND ALL MEMBERS OF THE GOVERNING BODY. AT EACH BOARD MEETING,
MEMBERS GIVE AN UPDATE ON THEIR ACTIVITIES IN THE ENVIRONMENTAL FIELD.
POTENTIAL CONFLICTS OF INTEREST WOULD BE DISCUSSED AT THIS TIME.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: SALARIES FOR ALL EMPLOYEES, INCLUDING OFFICERS AND KEY
INDIVIDUALS, IS DETERMINED BASED ON COMPARABLE RATES AS DETERMINED VIA
COMPENSATION STUDIES AND ARE INCLUDED IN THE BUDGET. THE BOARD OF
DIRECTORS APPROVES THE BUDGET ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 18:

EXPLANATION: THE ORGANIZATION MAKES IT'S GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST OF AN
INDIVIDUAL OR ORGANIZATION. THE FORM 990 IS AVAILABLE ON THE GUIDESTAR
WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: IF THE GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION, BYLAWS)
AND CONFLICT OF INTEREST POLICY OF THE ORGANIZATION ARE SUBJECT TO THE
FEDERAL PUBLIC DISCLOSURE RULES (OR STATE PUBLIC DISCLOSURE RULES), THESE
DOCUMENTS WILL BE MADE PUBLICLY AVAILABLE AS APPLICABLE LAW MAY REQUIRE.
OTHERWISE, THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY WILL BE
PROVIDED TO THE PUBLIC, AT THE DISCRETION OF MANAGEMENT.

FORM 990, PART XI, LINE 2C

EXPLANATION: NO CHANGES TO THE PROCESS HAVE BEEN MADE SINCE THE PRIOR
YEAR.

Name of the organization
GLOBAL FOOTPRINT NETWORK, INC.

Employer identification number
73-1672982

FORM 990, SCHEDULE L, PART IV, COLUMN B

EXPLANATION: THEIR BOARD IS CONTROLLED BY CURRENT AND FORMER GFN TRUSTEES, DIRECTORS, OFFICERS AND KEY EMPLOYEES.

**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. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

GLOBAL FOOTPRINT NETWORK, INC.

Employer identification number

73-1672982

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
GLOBAL FOOTPRINT NETWORK-SWITZERLAND FOUNDATION, INTL ENVIR HSE 2, 7-9 CHEMIN DE BALEXE, CHATELAINE (GENEVA), SWITZERLAND	PROMOTE AND SECURE FINANCIAL SUPPORT FOR THE ECOLOGICAL FOOTPRINT	SWITZERLAND	STIFTUNG	N/A	N/A		X
GLOBAL FOOTPRINT NETWORK-EUROPE AISBL 168 AVENUE DE TERVURENLAAN, 7TH FLOOR, MAILB BRUSSELS, BELGIUM 1150	PROMOTE AND SECURE FINANCIAL SUPPORT FOR THE ECOLOGICAL FOOTPRINT	BELGIUM	AISBL	N/A	N/A		X

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

Schedule R (Form 990) 2013

SEE PART VII FOR CONTINUATIONS

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	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, 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 (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GLOBAL FOOTPRINT NETWORK-SWITZERLAND FOUNDATION	L	0.	STAFF HOURS
(2) GLOBAL FOOTPRINT NETWORK-EUROPE AISBL	L	0.	STAFF HOURS
(3) GLOBAL FOOTPRINT NETWORK-SWITZERLAND FOUNDATION	B	109,992.	AMOUNT OF INVOICE WRITTEN OFF
(4) GLOBAL FOOTPRINT NETWORK-EUROPE AISBL	B	78,925.	AMOUNT OF INVOICE WRITTEN OFF
(5)			
(6)			

Part VI 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.

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership. The table contains multiple empty rows.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME AND ADDRESS OF RELATED ORGANIZATION:

GLOBAL FOOTPRINT NETWORK-SWITZERLAND FOUNDATION

INTL ENVIR HSE 2, 7-9 CHEMIN DE BALEXE

CHATELAINE (GENEVA), SWITZERLAND 1219

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	EQUIPMENT & FURNITURE	090604	SL	5.00	16	1,400.			1,400.	1,400.		0.
2	SPEAKER PHONE - DONATED	123104	SL	4.00	16	1,000.			1,000.	1,000.		0.
3	COMPUTER-DELL INSPIRON 5100 - DON	123104	SL	5.00	16	1,672.			1,672.	1,672.		0.
4	COMPUTER-DELL INSPIRON 5100 - DON	123104	SL	5.00	16	609.			609.	609.		0.
5	COMPUTER-DIMENSION 5150 W/ FLAT PANEL	041206	SL	5.00	16	985.			985.	985.		0.
6	COMPUTER-DIMENSION 5150 W/ FLAT PANEL	042306	SL	5.00	16	844.			844.	844.		0.
7	SONY VAIO LAPTOP COMPUTER	053006	SL	5.00	16	2,265.			2,265.	2,265.		0.
8	GOLIGHTLY ONLINE COMMUNITY SOFTWARE	060606	SL	5.00	16	24,250.			24,250.	24,250.		0.
9	CLICK TOOLS SOFTWARE	063006	SL	5.00	16	2,294.			2,294.	2,294.		0.
10	SERVER, DELL 9 OPTI 320	073006	SL	5.00	16	3,291.			3,291.	3,291.		0.
11	COMPUTERS	012207	SL	5.00	16	6,944.			6,944.	6,944.		0.
12	OPTI 745 COMPUTER	012207	SL	5.00	16	1,523.			1,523.	1,523.		0.
13	PE 2900 SERVER 2 OPTIPLEX 745	012207	SL	5.00	16	3,584.			3,584.	3,584.		0.
14	COMPUTERS	080107	SL	5.00	16	3,305.			3,305.	3,305.		0.
15	COMPUTERS 2 OPTIPLEX 320	080107	SL	5.00	16	1,610.			1,610.	1,610.		0.
16	SERVER RACK CONVERSION	082807	SL	5.00	16	1,077.			1,077.	1,077.		0.
17	INNOVATION RACK HARDWARE	083007	SL	5.00	16	942.			942.	942.		0.
18	TERRASTATION II NAS COMPUTER	092807	SL	5.00	16	1,087.			1,087.	1,087.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	LONOVO TPZ61T LAPTOP	070107	SL	5.00	16	2,271.			2,271.	2,265.		0.
20	COORDINATED RESOURCES CUBICLE WORKSTATION, DONATED	091407	SL	5.00	16	10,087.			10,087.	10,087.		0.
21	FRIANT RECEPTION STATION, DONATED	060407	SL	5.00	16	10,134.			10,134.	10,134.		0.
22	CARPET, PAINT & PUMP WORK FOR OFFICE	103107	SL	5.00	16	11,988.			11,988.	11,988.		0.
23	OFFICE EQUIPMENT	010408	SL	5.00	16	859.			859.	859.		0.
24	OFFICE EQUIPMENT	021108	SL	5.00	16	234.			234.	231.		3.
25	3 DELL COMPUTERS	062108	SL	5.00	16	4,593.			4,593.	4,136.		457.
26	ONYX SPEAKER PHONES	073008	SL	5.00	16	1,925.			1,925.	1,700.		225.
27	2 DELL COMPUTERS	101608	SL	5.00	16	1,186.			1,186.	988.		198.
28	HP PRINTER P1006 (DONATED)	070108	SL	5.00	16	90.			90.	81.		9.
29	OFFICE FURNITURE	081808	SL	7.00	16	2,686.			2,686.	1,920.		384.
30	TABLE (DONATED)	050108	SL	7.00	16	250.			250.	168.		36.
31	DELL LAPTOP	011609	SL	3.00	16	1,753.			1,753.	1,753.		0.
32	SERVER BACUP SET, HARDWARE	112309	SL	3.00	16	1,620.			1,620.	1,620.		0.
33	DELL PROJECTOR	120309	SL	3.00	16	933.			933.	933.		0.
34	BACKUP SERVER SOFTWARE	112309	SL	3.00	16	1,462.			1,462.	1,462.		0.
35	SOFTWARE - MATHWORKS	111811	SL	4.00	16	2,100.			2,100.	583.		525.
36	NETWORK SECURITY APPLIANCE	062811	SL	4.00	16	1,246.			1,246.	455.		312.

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	STOVE	080612	SL	7.00	16	1,399.			1,399.	83.		200.
38	COMPUTER	012712	SL	5.00	16	1,905.			1,905.	349.		381.
39	COMPUTER - LATITUDE E6420	051112	SL	5.00	16	1,845.			1,845.	246.		369.
40	COMPUTER	121912	SL	5.00	16	1,820.			1,820.			364.
41	COMPUTER	121912	SL	5.00	16	1,820.			1,820.			364.
42	SERVER UPGRADES	072513	SL	7.00	16	35,806.			35,806.			2,132.
43	LAPTOPS-GENEVA	103113	SL	4.00	16	3,398.			3,398.			142.
	* TOTAL 990 PAGE 10 DEPR					162,092.		0.	162,092.	110,723.	0.	6,101.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. GLOBAL FOOTPRINT NETWORK, INC.	Employer identification number (EIN) or 73-1672982
	Number, street, and room or suite no. If a P.O. box, see instructions. 312 CLAY STREET., SUITE 300	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAKLAND, CA 94607	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

FRANK THOMPSON

• The books are in the care of **312 CLAY STREET, SUITE 300 - OAKLAND, CA 94607**
Telephone No. **510-839-8879** Fax No. **510-251-2410**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.

5 For calendar year **2013**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
THE ORGANIZATION REQUESTS ADDITIONAL TIME FOR FILING IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

California Exempt Organization
Annual Information Return

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization Name GLOBAL FOOTPRINT NETWORK, INC.		California corporation number 2541075
Address (suite, room, or PMB no.) 312 CLAY STREET., SUITE 300		FEIN 73-1672982
City OAKLAND	State CA	ZIP Code 94607

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Information Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) <input type="checkbox"/></p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990 PF (3) <input type="checkbox"/> Sch H (990)</p> <p>G Is this a group filing for the subordinates/affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach a roster. See instructions</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p> <p>I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain, and attach copies of revised documents.</p>	<p>J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," complete and attach form FTB 3509.</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. <input checked="" type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
--	---

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	591,622.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,709,344.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	2,300,966.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	00
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4	8	2,300,966.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	2,341,162.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	<40,196.00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	11	N/A
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K	14	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	00

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

Sign Here	Signature of officer _____	Title _____	Date _____	Telephone 510-839-8879
Paid Preparer's Use Only	Preparer's signature _____	Date 11/11/14	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00430440
	Firm's name (or yours, if self-employed) and address PATRICIA A. WINTROATH, CPA 2121 N. CALIFORNIA BLVD., SUITE 290 WALNUT CREEK, CA 94596			FEIN Telephone 925-974-3310
	May the FTB discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No			

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	00	
	2	Interest	2	69.00	
	3	Dividends	3	1,864.00	
	4	Gross rents	4	00	
	5	Gross royalties	5	458.00	
	6	Gross amount received from sale of assets (See Instructions)	6	00	
	7	Other income SEE STATEMENT 2	7	589,231.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	591,622.00	
	9	Contributions, gifts, grants, and similar amounts paid	9	00	
	10	Disbursements to or for members	10	00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	11	315,000.00	
	12	Other salaries and wages	12	832,884.00	
	Expenses and Disbursements	13	Interest	13	304.00
		14	Taxes	14	93,142.00
		15	Rents	15	121,783.00
		16	Depreciation and depletion (See instructions)	16	6,101.00
		17	Other Expenses and Disbursements SEE STATEMENT 4	17	971,948.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	2,341,162.00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		786,565.		1,380,868.
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock STMT 5		64,905.		96,869.
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	122,889.		162,092.	
b Less accumulated depreciation	(110,723.)	12,166.	(116,823.)	45,269.
11 Land				
12 Other assets STMT 6		803,471.		128,340.
13 Total assets		1,667,107.		1,651,346.
Liabilities and net worth				
14 Accounts payable		145,881.		136,551.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 7		62,000.		48,457.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		1,459,226.		1,466,338.
22 Total liabilities and net worth		1,667,107.		1,651,346.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	<40,196.>	7 Income recorded on books this year not included in this return	
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return		Subtract line 9 from line 6	<40,196.>
6 Total. Add line 1 through line 5	<40,196.>		

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ROBERT MCG LILLEY	P.O.BOX 2367 GUERNEVILLE, CA 95446	12/10/13	10,000.
BARR FOUNDATION	THE PILOT HOUSE, LEWIS WHARF BOSTON SWITZERLAND 02110	12/24/13	75,000.
F. PETER SEIDEL	5300 HAMILTON AVENUE, #1403 CINCINNATI, OH 45224	06/30/13	7,017.
FLORA FAMILY FOUNDATION	2121 SAND HILL ROAD, SUITE 123 MENLO PARK, CA 94025	07/10/13	10,000.
ENVIRONMENT AGENCY ABU DHABI	P.O. BOX 45553 ABU DHABI UNITED ARAB EMIRATES	03/31/13	350,000.
SAROSH KUMANA	719 SCOTT STREET SAN FRANCISCO, CA 94117	10/11/13	10,000.
BRISTOL-MYERS SQUIBB FOUNDATION	P.O. BOX 4755 SYRACUSE, NY 13221	05/20/13	5,000.
MARY & TERRY VOGT	777 4TH AVENUE SAN FRANCISCO, CA 94118	12/10/13	10,000.
MAVA STIFTUNG FUR NATURSCHUTZ	RUE MAUVERNEY 28 GLAND SWITZERLAND 1196	12/27/13	902,295.
SKOLL FOUNDATION	250 UNIVERSITY AVENUE, SUITE 200 PALO ALTO, CA 94301	12/31/13	18,116.
THE LAWRENCE FOUNDATION	530 WILSHIRE BLVD., SUITE 207 SANTA MONICA, CA 90401	12/10/13	5,000.
V. KANN RASMUSSEN FOUNDATION	475 RIVERSIDE DRIVE, SUITE 900 NEW YORK, NY 10115	12/01/13	60,000.
WINSLOW FOUNDATION	1800 MASSACHUSETTS AVE., NW, 5TH FLOOR WASHINGTON, DC 20036	11/04/13	50,000.
FRANCES HELLER	146 WEST 57TY STREET, #41B NEW YORK, NY 10019	05/29/13	5,000.
KEIDANREN NATURE CONSERVATION FUND	SUMITOMO MITSUI TRUST BANK, LTD, BUSINESS DEPT., 3-33-1 SHIBA, MINATO-KU, TO	10/31/13	41,514.

ROCKEFELLER FOUNDATION	420 FIFTH AVENUE NEW YORK, NY 10018	08/27/13	120,000.
TOTAL INCLUDED ON LINE 3			1,678,942.

FORM 199	OTHER INCOME	STATEMENT	2
DESCRIPTION		AMOUNT	
OTHER INCOME		93.	
SERVICE FEES		480,865.	
HONORARIA		33,326.	
LICENSE FEES		67,861.	
REIMBURSED EXPENSES		7,086.	
TOTAL TO FORM 199, PART II, LINE 7			589,231.

FORM 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION	
SUSAN J. BURNS 312 CLAY STREET., SUITE 300 OAKLAND, CA 94607	EXECUTIVE DIRECTOR/CEO 40.00	100,000.	
MATHIS WACKERNAGEL 312 CLAY STREET., SUITE 300 OAKLAND, CA 94607	PRESIDENT 40.00	100,000.	
TERRY VOGT 312 CLAY STREET., SUITE 300 OAKLAND, CA 94607	CHAIRMAN/TREASURER 1.00	0.	
TONY LONG 312 CLAY STREET., SUITE 300 OAKLAND, CA 94607	DIRECTOR 1.00	0.	
RAZAN AL MUBARAK 312 CLAY STREET., SUITE 300 OAKLAND, CA 94607	DIRECTOR 1.00	0.	
MICHAEL SAALFELD 312 CLAY STREET., SUITE 300 OAKLAND, CA 94607	DIRECTOR 1.00	0.	

ROB LILLEY 312 CLAY STREET., SUITE 300 OAKLAND, CA 94607	DIRECTOR 1.00	0.
LOUIS DE MONTPELLIER 312 CLAY STREET., SUITE 300 OAKLAND, CA 94607	DIRECTOR 1.00	0.
JAMSHYD GODREJ 312 CLAY STREET., SUITE 300 OAKLAND, CA 94607	DIRECTOR 1.00	0.
LYNDA MANSSON 312 CLAY STREET., SUITE 300 OAKLAND, CA 94607	DIRECTOR 1.00	0.
SAROSH KUMANA 312 CLAY STREET., SUITE 300 OAKLAND, CA 94607	DIRECTOR 1.00	0.
GEOFFREY TROTTER 312 CLAY STREET., SUITE 300 OAKLAND, CA 94607	VP OPERATIONS 40.00	115,000.
TOTAL TO FORM 199, PART II, LINE 11		<u>315,000.</u>

FORM 199	OTHER EXPENSES	STATEMENT	4
DESCRIPTION		AMOUNT	
DIRECT PROGRAM EXPENSES		383,338.	
FUNDING OF INTERNATIONAL		191,866.	
COMPUTER RELATED EXPENSES		35,929.	
POSTAGE & DELIVERY		12,254.	
OTHER EMPLOYEE BENEFITS		43,749.	
LEGAL FEES		1,403.	
ACCOUNTING FEES		29,229.	
OTHER PROFESSIONAL FEES		203,172.	
OFFICE EXPENSES		2,079.	
TRAVEL		24,040.	
INSURANCE		8,736.	
ALL OTHER EXPENSES		36,153.	
TOTAL TO FORM 199, PART II, LINE 17		<u>971,948.</u>	

FORM 199	INVESTMENTS IN STOCK	STATEMENT	5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES		64,905.	96,869.
TOTAL TO FORM 199, SCHEDULE L, LINE 7		64,905.	96,869.

FORM 199	OTHER ASSETS	STATEMENT	6
DESCRIPTION		BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE		792,015.	94,212.
PREPAID EXPENSES AND DEFERRED CHARGES		211.	23,267.
DEPOSITS		11,245.	10,861.
TOTAL TO FORM 199, SCHEDULE L, LINE 12		803,471.	128,340.

FORM 199	OTHER LIABILITIES	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE		62,000.	48,457.
TOTAL TO FORM 199, SCHEDULE L, LINE 18		62,000.	48,457.

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 73-1672982

Corporation name

California corporation number

GLOBAL FOOTPRINT NETWORK, INC.

2541075

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	8	162,092.	110,723.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	6,101.

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	6,101.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	6,101.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12					22	

CA 3885		DEPRECIATION				STATEMENT 8	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1	EQUIPMENT & FURNITURE						
	09/06/04	1,400.	1,400.	SL	5.00	0.	
2	SPEAKER PHONE - DONATED						
	12/31/04	1,000.	1,000.	SL	4.00	0.	
3	COMPUTER-DELL INSPIRON 5100 - DONATED						
	12/31/04	1,672.	1,672.	SL	5.00	0.	
4	COMPUTER-DELL INSPIRON 5100 - DONATED						
	12/31/04	609.	609.	SL	5.00	0.	
5	COMPUTER-DIMENSION 5150 W/ FLAT PANEL						
	04/12/06	985.	985.	SL	5.00	0.	
6	COMPUTER-DIMENSION 5150 W/ FLAT PANEL						
	04/23/06	844.	844.	SL	5.00	0.	
7	SONY VAIO LAPTOP COMPUTER						
	05/30/06	2,265.	2,265.	SL	5.00	0.	
8	GOLIGHTLY ONLINE COMMUNITY SOFTWARE						
	06/06/06	24,250.	24,250.	SL	5.00	0.	
9	CLICK TOOLS SOFTWARE						
	06/30/06	2,294.	2,294.	SL	5.00	0.	
10	SERVER, DELL						
	07/30/06	3,291.	3,291.	SL	5.00	0.	
11	9 OPTI 320 COMPUTERS						
	01/22/07	6,944.	6,944.	SL	5.00	0.	
12	OPTI 745 COMPUTER						
	01/22/07	1,523.	1,523.	SL	5.00	0.	
13	PE 2900 SERVER						
	01/22/07	3,584.	3,584.	SL	5.00	0.	
14	2 OPTIPLEX 745 COMPUTERS						
	08/01/07	3,305.	3,305.	SL	5.00	0.	
15	2 OPTIPLEX 320 COMPUTERS						
	08/01/07	1,610.	1,610.	SL	5.00	0.	
16	SERVER RACK CONVERSION						
	08/28/07	1,077.	1,077.	SL	5.00	0.	
17	INNOVATION RACK HARDWARE						
	08/30/07	942.	942.	SL	5.00	0.	
18	TERRASTATION II NAS COMPUTER						
	09/28/07	1,087.	1,087.	SL	5.00	0.	
19	LONOVO TPZ61T LAPTOP						
	07/01/07	2,271.	2,265.	SL	5.00	0.	
20	COORDINATED RESOURCES CUBICLE WORKSTATIONS						
	09/14/07	10,087.	10,087.	SL	5.00	0.	
21	FRIANT RECEPTION STATION, DONATED						
	06/04/07	10,134.	10,134.	SL	5.00	0.	
22	CARPET, PAINT & PUMP WORK FOR OFFICE						
	10/31/07	11,988.	11,988.	SL	5.00	0.	
23	OFFICE EQUIPMENT						
	01/04/08	859.	859.	SL	5.00	0.	

24	OFFICE EQUIPMENT					
	02/11/08	234.	231.	SL	5.00	3.
25	3 DELL COMPUTERS					
	06/21/08	4,593.	4,136.	SL	5.00	457.
26	ONYX SPEAKER PHONES					
	07/30/08	1,925.	1,700.	SL	5.00	225.
27	2 DELL COMPUTERS					
	10/16/08	1,186.	988.	SL	5.00	198.
28	HP PRINTER P1006 (DONATED)					
	07/01/08	90.	81.	SL	5.00	9.
29	OFFICE FURNITURE					
	08/18/08	2,686.	1,920.	SL	7.00	384.
30	TABLE (DONATED)					
	05/01/08	250.	168.	SL	7.00	36.
31	DELL LAPTOP					
	01/16/09	1,753.	1,753.	SL	3.00	0.
32	SERVER BACUP SET, HARDWARE					
	11/23/09	1,620.	1,620.	SL	3.00	0.
33	DELL PROJECTOR					
	12/03/09	933.	933.	SL	3.00	0.
34	BACKUP SERVER SOFTWARE					
	11/23/09	1,462.	1,462.	SL	3.00	0.
35	SOFTWARE - MATHWORKS					
	11/18/11	2,100.	583.	SL	4.00	525.
36	NETWORK SECURITY APPLIANCE					
	06/28/11	1,246.	455.	SL	4.00	312.
37	STOVE					
	08/06/12	1,399.	83.	SL	7.00	200.
38	COMPUTER					
	01/27/12	1,905.	349.	SL	5.00	381.
39	COMPUTER - LATITUDE E6420					
	05/11/12	1,845.	246.	SL	5.00	369.
40	COMPUTER					
	12/19/12	1,820.		SL	5.00	364.
41	COMPUTER					
	12/19/12	1,820.		SL	5.00	364.
42	SERVER UPGRADES					
	07/25/13	35,806.		SL	7.00	2,132.
43	LAPTOPS-GENEVA					
	10/31/13	3,398.		SL	4.00	142.
TOTAL DEPR TO FORM 3885		<u>162,092.</u>	<u>110,723.</u>			<u>6,101.</u>

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>123517</u> GLOBAL FOOTPRINT NETWORK, INC. <small>Name of Organization</small> <u>312 CLAY STREET., SUITE 300</u> <small>Address (Number and Street)</small> <u>OAKLAND, CA 94607</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>2541075</u> Federal Employer I.D. No. <u>73-1672982</u>
---	--

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2013 ending 12/31/2013) list:
 Gross annual revenue \$ 2,300,966. Total assets \$ 1,651,346.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 510-839-8879

Organization's e-mail address FRANK.THOMPSON@FOOTPRINTNETWORK.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer	Printed Name	Title	Date
---------------------------------	--------------	-------	------