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Form	330	

### EXTENDED TO NOVEMBER 15, 2019

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



Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the lates			•	Open to Public Inspection				
A For the	2018 calend	ar year, or tax ye	ear beginning		and	d ending		
B Check if applicable:	C Name of	organization					D Employer identificati	ion number
Address	GLOB	AL FOOTP	RINT NET	WORK, IN	VC.			
Name change	Doing b	usiness as					73-167	2982
Initial return Final return/		and street (or P.0 WEBSTER			,	Room/suite	E Telephone number 510-83	9-8879
termin- ated Amende return		own, state or pro		, and ZIP or forei	ign postal code	•	G Gross receipts \$	1,175,598
Applica tion pending	<b>F</b> Name a	nd address of pri	ncipal officer: <b>I</b>	MATHIS WA	ACKERNAGEI	J	<b>H(a)</b> Is this a group retur for subordinates?	
	SAME	AS C ABO	VE				H(b) Are all subordinates includ	led? Yes No
		X 501(c)(3)	501(c) (	) 🗲 (insert n	io.) 🛄 4947(a)(1)	) or 🛄 527	If "No," attach a list	. (see instructions)
J Website	e: 🕨 WWW 🛛	FOOTPRIN	INETWORE	K.ORG			H(c) Group exemption nu	
		V Corporation	Truet	Accordiation	Othor		2002	· · · · · · · · · · · · · · · · · · ·

κF	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 📘 N	/ear of formation: 2003 N	A State of legal domicile: CA
Pa	rt I	Summary		
Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DULE O	
rna	2	Check this box      if the organization discontinued its operations or disposed of r	nore than 25% of its net as	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
উ	4	Number of independent voting members of the governing body (Part VI, line 1b)		7
ŝ	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	14
Activities	6	Total number of volunteers (estimate if necessary)		4
<b>∖</b> cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated business taxable income from Form 990-T, line 38		0.
			Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	1,873,463.	693,680.
Revenue	9	Program service revenue (Part VIII, line 2g)	207,325.	481,779.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	380.	-38,852.
"	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	201.	123.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,081,369.	-
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,009,812.	769,742.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 153,385.	0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)  153, 385.		
- "	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	895,593.	612,880.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,905,405.	1,382,622.
	19	Revenue less expenses. Subtract line 18 from line 12	175,964.	-245,892.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)	1,522,682.	1,243,867.
at As	21	Total liabilities (Part X, line 26)	81,641.	52,563.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,441,041.	1,191,304.
	rt II			
Unde	r pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of m	y knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer         MATHIS WACKERNAGEL, PR         Type or print name and title	ESIDENT	Date	
Paid	Print/Type preparer's name PATRICIA A. WINTROATH	Preparer's signature	Date Check X 09/09/19 self-employed	
Preparer	Firm's name 🕨 PATRICIA A. WINT	ROATH, CPA	Firm's EIN	
Use Only	Firm's address 2121 N. CALIFORN	IIA BLVD., SUITE 290		
	WALNUT CREEK, CA	94596	Phone no. 925	-974-3310
May the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)		Yes No
832001 12-3	1-18 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2018)

orm	990 (2018) GLOBAL FOOTPRINT NETWORK, INC. 73-1672982 Pa
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: OUR VISION IS THAT ALL PEOPLE FLOURISH WITHIN THE MEANS OF OUR ONE
	PLANET. OUR MISSION IS TO MAKE ECOLOGICAL LIMITS CENTRAL TO
	DECISION-MAKING.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
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
4.0	revenue, if any, for each program service reported.          (Code:       ) (Expenses \$ 242,262. including grants of \$ ) (Revenue \$ 78,283)
4a	(Code:) (Expenses \$ 242,262. including grants of \$) (Revenue \$ 78,28 SEE SCHEDULE O FOR DESCRIPTION
4b	(Code:) (Expenses \$ 844,448. including grants of \$) (Revenue \$ 403,49
	PROGRAMS - GLOBAL FOOTPRINT NETWORK ADVANCES NOVEL APPLICATIONS OF TH
	ECOLOGICAL FOOTPRINT THROUGH VARIOUS PROJECTS INCLUDING CITY FOOTPRINT
	ASSESSMENTS, COUNTRY STUDIES AND INVESTMENT APPRAISALS. WE ALSO SUPPORTIUMES, REGIONS, COUNTRIES, BUSINESSES AND OTHER INSTITUTIONS BY
	APPLYING THE ECOLOGICAL FOOTPRINT METHODOLOGY TO AID IN DECISION MAKE
	AND RISK ANALYSIS.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
	SEE SCHEDULE O FOR DESCRIPTION
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4d 4e	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ▶ 1,086,710.
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )         Total program service expenses ▶ 1,086,710.         Form 9
<b>le</b>	(Expenses \$ including grants of \$ ) (Revenue \$ )

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Form 990 (2018) GLOBAL FOOTPRINT NETWORK, INC.
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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
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</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ū	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	444	х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u>л</u>	x
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		- 23
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		
19		19		x
20a	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		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 "Yes,"			
	complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		Х
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):			37
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		v	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	v
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
<b>0</b> -	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Δ	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		х
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		х
27	If "Yes," complete Schedule R, Part V, line 2	36		<u></u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u></u>
38		20	х	
Pa	Note. All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	21	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 12		103	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c	х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
b	If "Yes," enter the name of the foreign country:  SWITZERLAND			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<b> </b>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

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Form 990	(2018)	)
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GLOBAL FOOTPRINT NETWORK, INC.

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

X

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.

<b>.</b>		<b>.</b>	8	Yes	+
	Enter the number of voting members of the governing body at the end of the tax year	1a	8		1
	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.		7		
	Enter the number of voting members included in line 1a, above, who are independent	1b	4		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship			x	
	officer, director, trustee, or key employee?		. 2		-
	Did the organization delegate control over management duties customarily performed by or under the	•			
	of officers, directors, or trustees, or key employees to a management company or other person?				
	Did the organization make any significant changes to its governing documents since the prior Form 9				+
	Did the organization become aware during the year of a significant diversion of the organization's ass				-
	Did the organization have members or stockholders?		. 6		-
	Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body?	-	. 7a	x	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				
	persons other than the governing body?		. 7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				1
	The governing body?		. 8a	Х	1
b	Each committee with authority to act on behalf of the governing body?		8b	Х	1
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				1
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Re				
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		<b>10</b> a		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body		11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<b>. .</b>			1
			12a	х	1
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	х	1
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye				1
	in Schedule O how this was done		12c	x	
3	Did the organization have a written whistleblower policy?		13	Х	1
	Did the organization have a written document retention and destruction policy?			Х	1
	Did the process for determining compensation of the following persons include a review and approva				1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, ,			1
	The organization's CEO, Executive Director, or top management official		15a	х	I
	Other officers or key employees of the organization		15b	Х	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				1
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
	taxable entity during the year?		16a		I
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		16b		I
	tion C. Disclosure				
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	d 990-T (Section 501(c)	(3)s onlv	) avail	la
	for public inspection. Indicate how you made these available. Check all that apply.		., <b>,</b>		-
0		,	nd fire-	oial	
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	muct or interest policy, a	inu imah	udi	
	statements available to the public during the tax year.	ake and records			
	State the name, address, and telephone number of the person who possesses the organization's book RACHEL ROBERTS $-510-839-8879$	oks and records 🕨			
	1528 WEBSTER STREET, SUITE 11, OAKLAND, CA 94612				
	-1.770 MODALEN VINCEL, OVIED 11, VANUANU, VA 7401A				

Part VII	Compensation of Officers	Directors,	Trustees, I	Key Employees,	Highest	Compensated
	Employees, and Independ	ent Contrac	tors			

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. Т

(A)	(B)	l			C)	npo	ioui	(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior		one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week (list any	<u> </u>					Í	from the	from related organizations	other compensation
	hours for	r direc				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			oen sa		(W-2/1099-MISC)		organization
	organizations below	ual tru	onal t		ploye	t com				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SUSAN BURNS	1.00				×	1 0	u.			
DIRECTOR		x						0.	0.	0.
(2) MATHIS WACKERNAGEL	40.00									
CHIEF EXECUTIVE OFFICER		X		х				111,180.	0.	6,210.
(3) ROB LILLEY	1.00									
CHAIR		Х		х				0.	0.	0.
(4) JULIA MARTON-LEFEVRE	1.00							-		-
DIRECTOR		х						0.	0.	0.
(5) LYNDA MANSSON	1.00									•
SECRETARY	1 0 0	X		X				0.	0.	0.
(6) SAROSH KUMANA	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(7) KEITH TUFFLEY	1.00									0
DIRECTOR	1.00	X						0.	0.	0.
(8) DANIEL GOLDSCHEIDER	1.00	x						0.	0.	0.
DIRECTOR (9) SANDRA BROWNE	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(10) ALEXA FIRMENICH	1.00								••	
DIRECTOR		x						0.	0.	0.
		-								
		1								
		1								
000007 10 01 10		·	-			-		1	1	Eorm <b>990</b> (2018)

832007 12-31-18

15100909 794364 GLOBALFOOT

7 2018.04020 GLOBAL FOOTPRINT NETWORK, I GLOBALF2

Form 990 (2018)

	990 (2018) GLOBAL FO									73-16	572	982	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week	(do box	not c	(C Posi heck ss pe	<b>c)</b> ition <sup>more</sup> rson i		one h an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation		an	(F) timate	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	6	com fr org and	other pensa om the anizati d relate anizatio	e on ed
. <u> </u>														
1b	Sub-total								111,180.		0.		6,2	10.
d	Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but n								0. 111,180.	000 of reportable	0.		6,2	0. 10.
2	compensation from the organization	ot iimited to th	lose	liste			e) wr		eceived more than \$100	,000 of reportable	e 		Yes	1 No
3 4	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su	uch individual		· · · · · · ·	·				• ·			3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	0,000? <i>If "Yes,</i> accrue comper	" <i>co</i> nsati	<i>mple</i> ion f	ete S irom	Sche any	edule v unr	e <i>J f</i> elat	for such individual	idual for services		4		x x
Sec 1	tion B. Independent Contractors Complete this table for your five highest co												rom	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation						า							
2	Total number of independent contractors (i \$100,000 of compensation from the organiz	•	ot lii	mite	d to	tho: (	se lis )	stec	d above) who received n	nore than		Form	000 #	

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
iran oun		Membership dues						
Ån, G		Fundraising events						
ar ,		Related organizations						
s, C	е	Government grants (contributi						
r Si	f	All other contributions, gifts, grant	s, and					
the		similar amounts not included abov	re <b>1</b> f	693,680.				
d df	g	Noncash contributions included in lines	1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			693,680.			
				Business Code				
e		SERVICE FEES		541900	309,619.	309,619.		
e Ži		LICENSE FEES		541900	73,090.			
enu Se		MISCELLANEOUS		541900	72,423.	72,423.		
Program Service Revenue	d	HONORARIA		541900	26,647.	26,647.		
Ĵ	е							
e	f	All other program service reven	nue					
	g	Total. Add lines 2a-2f		►	481,779.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		►	16.			16.
	4	Income from investment of tax	exempt bond p	proceeds 🕨				
	5	Royalties		►	123.			123.
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses		38,868.				
		Gain or (loss)		-38,868.				
		Net gain or (loss)		····· •	-38,868.			-38,868.
ne	8 a	Gross income from fundraising						
		including \$						
Other Rever		contributions reported on line	,					
Jer		Part IV, line 18						
₹		Less: direct expenses						
		Net income or (loss) from fund		▶				
	9 a	Gross income from gaming ac						
	h.	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam Gross sales of inventory, less						
	10 a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sales						
ľ		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total revenue. See instructions			1,136,730.	481,779.	0	38,729.
								F 000 (00.10)

GLOBAL FOOTPRINT NETWORK, INC.

832009 12-31-18

Form 990 (2018)

Statement of Revenue

15100909 794364 GLOBALFOOT

9 2018.04020 GLOBAL FOOTPRINT NETWORK, I GLOBALF2

Form **990** (2018)

GLOBAL FOOTPRINT NETWORK, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
5	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	111,180.	83,798.	11,617.	15,765
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	572,175.	431,256.	59,788.	81,131
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	29,542.	22,266.	3,087.	4,189 8,060
0	Payroll taxes	56,845.	42,845.	5,940.	8,06
1	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	35,548.	1,758.	33,459.	33:
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4.5.5 0.0.5		6 6 7 7	
	column (A) amount, list line 11g expenses on Sch 0.)	166,835.	148,400.	6,677.	11,758
2	Advertising and promotion		4 01 4		1 0 0 1
3	Office expenses	9,157.	4,914.	3,036.	1,20
4	Information technology				
5	Royalties		40 504		0 1 0 /
6	Occupancy	57,825.	43,584.	6,042.	8,199
7	Travel	29,027.	29,302.	1,297.	-1,572
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
21	Payments to affiliates	10 000		1 070	
2	Depreciation, depletion, and amortization	10,292.	7,757.	1,076.	1,459
3	Insurance	5,369.	3,754.	909.	700
4	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 0.)				
а	DIRECT PROGRAM EXPENSES	224,314.	219,629.	94.	4,591
b	COMPUTER EXPENSES	56,657.	39,743.	5,254.	11,660
с	TELEPHONE	8,195.	6,177.	856.	1,162
d	BANK FEES & CHARGES	3,791.	128.	1,324.	2,339
е	All other expenses	5,870.	1,399.	2,071.	2,40
25	Total functional expenses. Add lines 1 through 24e	1,382,622.	1,086,710.	142,527.	153,385
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

832010 12-31-18

Check here

15100909 794364 GLOBALFOOT

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

10

Form **990** (2018)

15100909 794364 GLOBALFOOT

GLOBAL F	OOTPRINT	NETWORK,	INC
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. u							
		Check if Schedule O contains a response or not	e to ar	iy line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			917,663.	1	115,734.
	2	Savings and temporary cash investments			458,181.	2	455,595.
	3	Pledges and grants receivable, net			37,392.	3	512,377.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for				-	
		trustees, key employees, and highest compensation					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
	ľ	section 4958(f)(1)), persons described in section	-				
		employers and sponsoring organizations of sect					
6		employees' beneficiary organizations (see instr).				6	
Assets	-					7	
Ass	7	Notes and loans receivable, net				8	
	8	Inventories for sale or use			27,157.	8 9	19,981.
	9	Prepaid expenses and deferred charges	 I	······	27,137.	9	19,901.
	10a	Land, buildings, and equipment: cost or other	10	54,013.			
		basis. Complete Part VI of Schedule D	10a		73,269.		24,512.
	b	• • • • • • • • • • • • • • • • • • • •	10b		13,209.	10c	24,512.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			0.000	14	
	15	Other assets. See Part IV, line 11	9,020.	15	115,668.		
	16	Total assets. Add lines 1 through 15 (must equa			1,522,682.	16	1,243,867.
	17	Accounts payable and accrued expenses		81,641.	17	52,563.	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		······ _		20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee					
iab.		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	<b>17-24</b>	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			81,641.	26	52,563.
		Organizations that follow SFAS 117 (ASC 958	), cheo	k here ▶ 🛛 🗶 and			
es		complete lines 27 through 29, and lines 33 an	d 34.				
anc	27	Unrestricted net assets			314,856.	27	728,792.
Fund Balances	28	Temporarily restricted net assets		1,126,185.	28	462,512.	
lpu	29	Permanently restricted net assets		29			
μ		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶			
		and complete lines 30 through 34.					
Net Assets or	30	Capital stock or trust principal, or current funds		30			
Ass	31	Paid-in or capital surplus, or land, building, or ec		31			
et /	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
z	33	Total net assets or fund balances			1,441,041.	33	1,191,304.
	34	Total liabilities and net assets/fund balances			1,522,682.	34	1,243,867.
							Form <b>990</b> (2018)

Form 990 (2018)

Form	990 (2018) GLOBAL FOOTPRINT NETWORK, INC.	73-1672	2982	Pag	ge <b>12</b>		
Pa	rt 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)		L,130 L,382				
2							
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,443				
5	Net unrealized gains (losses) on investments	5		3,8	45.		
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	1,19:	1,3	04.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	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	l on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b				
			Form	<b>990</b> (	(2018)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form	990	or	990-EZ)
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## Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the	organization
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15100909 794364 GLOBALFOOT

Nan	ne of t	the organization							identification number	
					INC.				3-1672982	
Pa	rt I	Reason for Public	Charity Status (	All organizations must co	omplete th	is part.) Se	e instruction	S.		
The	organ	ization is not a private found		•		,				
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	on 170(b)(1	l)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forr	n 990 or 9	90-EZ).)				
3		A hospital or a cooperative	hospital service org	anization described in <b>s</b>	ection 170	)(b)(1)(A)(ii	i).			
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A	<b>)(iii).</b> 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). (C								
6		A federal, state, or local go								
7		An organization that norma		intial part of its support	from a gov	ernmental	unit or from t	the general	public described in	
		section 170(b)(1)(A)(vi). (C								
8		A community trust describe								
9		An agricultural research org	-			-		-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions)	. Enter the	name, city	/, and state o	f the colleg	e or	
	v	university:								
10	X	An organization that norma								
		activities related to its exen							-	
		income and unrelated busin		e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.	
		See section 509(a)(2). (Con								
11	$\square$	An organization organized a	•							
12		An organization organized a		-				-		
		more publicly supported or							Sheck the box in	
_		lines 12a through 12d that				-		-	, alt das a	
а		<b>Type I.</b> A supporting orga	-	-	•					
		the supported organization			a majority	of the dire	ctors or truste	ees of the s	supporting	
		organization. You must o	-							
b		<b>Type II.</b> A supporting org	-				-		-	
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported	
		organization(s). You mus	-		in connoc	tion with	and functions		ad with	
С		J Type III functionally inte						iny integration	eu with,	
4		its supported organizatio						rtad argani	zation(a)	
d		Type III non-functionally that is not functionally int						-		
		requirement (see instruct	0	• •	•		•	u an alleni	IVEIIESS	
е		Check this box if the orga	,	•						
0	L	functionally integrated, or					гтурет, туре	л, туре ш		
f	Ente	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0	2011011.				
		vide the following information	•	ad organization(s)						
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No No	support (see ir	nstructions)	support (see instructions)	
Tota	al									
ι μΔ	For F	Paperwork Beduction Act N	latica see the Inst	ructions for Form 990 c	r 990_E7	022021 10	11 10 Scho		m 990 or 990-EZ) 2018	

#### Schedule A (Form 990 or 990-EZ) 2018 GLOBAL FOOTPRINT NETWORK, INC. Part II Support Schedule for Organizations Described in Sections 170(b)(

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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	<b>—</b> • • • •						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
_	organization, check this box and stor	o here					
See	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2018 (					14	%
	Public support percentage from 2017					15	%
<b>16</b> a	33 1/3% support test - 2018. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o	•					
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						e
	organization meets the "facts-and-cire		•	•	,		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17			
					Sch	edule A (Form 990	) or 990-EZ) 2018

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#### Schedule A (Form 990 or 990-EZ) 2018 GLOBAL FOOTPRINT NETWORK, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2271980.	2398330.	1537878.	1071811.	693,680.	7973679.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	426,711.	477,696.	379,279.	207,325.	481,779.	1972790.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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 $\dots$						
6	Total. Add lines 1 through 5	2698691.	2876026.	1917157.	1279136.	1175459.	9946469.
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.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						9946469.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	2698691.	2876026.	1917157.	1279136.	1175459.	9946469.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,830.	1,242.	9,529.	380.	139.	15,120.
F	Unrelated business taxable income	5,0001	_,	570250			
~	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	3,830.	1,242.	9,529.	380.	139.	15,120.
	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	-10,566.		575.	201.		-9,790.
12	assets (Explain in Part VI.)	2691955.	2877268.	1927261.	1279717.	1175598.	9951799.
14	First five years. If the Form 990 is for						
Sec	check this box and stop here ction C. Computation of Publ						
	Public support percentage for 2018 (			column (f))		15	99.95 %
	Public support percentage from 2017					16	99.93 %
	ction D. Computation of Inve					•	
17	Investment income percentage for 20	18 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.15 %
18	Investment income percentage from 2	2017 Schedule A,	Part III, line 17			18	.15 %
19a	a 33 1/3% support tests - 2018. If the	organization did n	ot check the box of	on line 14, and line	15 is more than 3	3 1/3% , and line 1	
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	upported organiza	tion	► X
b	<b>33 1/3% support tests - 2017.</b> If the	organization did n	ot check a box on	line 14 or line 19a	i, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	<b>&gt;</b>
8320	23 10-11-18				Sche	edule A (Form 990	or 990-EZ) 2018
				15			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2018

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### Schedule A (Form 990 or 990-EZ) 2018 GLOBAL FOOTPRINT NETWORK, INC. Part IV Supporting Organizations (continued)

			V.	NI -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see inst.	ructions	5).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have been engaged in these			
	activities but for the organization's involvement.	2b		
2	-	20		
3	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	01-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		0010
83202	5 10-11-18 Schedule A (Form 99 17	90 OF 95	7U-EZ)	2018

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Schedule A (Form 990	or 990-EZ) 2018	GLOBAL	FOUTPRINT	NETWORK,	INC.

# Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distributions		2		
<b>3</b> Other gross income (see instructions)		3		
4 Add lines 1 through 3		4		
5 Depreciation and depletion		5		
6 Portion of operating expenses paid or inc	curred for production or			
collection of gross income or for manage	ment, conservation, or			
maintenance of property held for produc	tion of income (see instructions)	6		
7 Other expenses (see instructions)		7		
8 Adjusted Net Income (subtract lines 5, 6	δ, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exe	empt-use assets (see			
instructions for short tax year or assets h	eld for part of year):			
a Average monthly value of securities		1a		
<b>b</b> Average monthly cash balances		1b		
c Fair market value of other non-exempt-us	e assets	1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage or other				
factors (explain in detail in <b>Part VI</b> ):				
2 Acquisition indebtedness applicable to n	on-exempt-use assets	2		
3 Subtract line 2 from line 1d		3		
4 Cash deemed held for exempt use. Enter	1-1/2% of line 3 (for greater amount,			
see instructions)		4		
5 Net value of non-exempt-use assets (sub	tract line 4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-year distributions		7		
8 Minimum Asset Amount (add line 7 to li	ne 6)	8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year (from	Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amount for prior year (fro	m Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3		4		
5 Income tax imposed in prior year		5		
6 Distributable Amount. Subtract line 5 fr	om line 4, unless subject to			
emergency temporary reduction (see inst	tructions)	6		
	e organization's first as a non-function	ally integrate	ed Type III supporting ord	anization (see

Check here if the current year is the organization's first as a non-functionally instructions).

Schedule A (Form 990 or 990-EZ) 2018

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### Schedule A (Form 990 or 990 EZ) 2018 GLOBAL FOOTPRINT NETWORK, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Sect	on D - Distributions		(	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
-	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
-	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Part VI	Supplemental Information. Provid	FOOTPRINT No. de the explanations re	quired by Part	II, line 10; Part II, li	ne 17a or 17b; Part	672982 Ра III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4d line 1; Part IV, Section D, lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 9c, 11 rt IV, Section E, lines <sup>-</sup>	la, 11b, and 11 1c, 2a, 2b, 3a,	c; Part IV, Section and 3b; Part V, line	B, lines 1 and 2; Pa 1; Part V, Section	rt IV, Section C, B, line 1e; Part V
	Section D, lines 5, 6, and 8; and Part V, Se (See instructions.)	ction E, lines 2, 5, and	d 6. Also comp	lete this part for ar	ny additional informa	ation.
	· · · · ·					
	0				Schedule A (Form	990 or 990-E7
32028 10-11-1						

**SCHEDULE D** 

Department of the Treasury

Internal Revenue Service

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

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



Name of the organization

GLOBAL FOOTPRINT NETWORK, INC.

Employer identification number 73-1672982

Pa			ds or Ac	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(h	) Funds and other accounts
		(a) Donor advised funds	a)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	-		
-	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
Pa	impermissible private benefit?			
			, Part IV,	ine 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or ed			
	Protection of natural habitat	Preservation of a ce	ertified his	toric structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the forr	n of a cor Г	Held at the End of the Tax Year
_	day of the tax year.			
	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic stru			<u>2c</u>
a	Number of conservation easements included in (c) acquired a	,		04
~	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	ne organi	zation during the tax
4	year	ement is leasted		
4 5	Number of states where property subject to conservation eas Does the organization have a written policy regarding the peri		- f	
5	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
U	Stan and volunteer nours devoted to monitoring, inspecting, i	landing of violations, and enforcing co	i isei valio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserv	vation eas	sements during the year
•	S		ation cat	sements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(B)	(i)
-	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
-	include, if applicable, the text of the footnote to the organizati			
	conservation easements.		3	g ·
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ement an	d balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthe	rance of p	oublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue stateme	nt and ba	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of p	ublic serv	vice, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
	<b>m</b>			▶ \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financ	ial gain, p	
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X			► \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2018
	1 10-29-18			

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Par	t III Organizations Maintaining C		,							,
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following that	at are a sig	nificant ı	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d			hange progra					
b	Scholarly research	e	e 🗆 c	other						
С	Preservation for future generations									
4	Provide a description of the organization's c							ose in Par	t XIII.	
5	During the year, did the organization solicit of								7	
Des	to be sold to raise funds rather than to be m								Yes	└── No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the o	organizatio	on answered	"Yes" on F	orm 990	, Part IV,	line 9, or	
12	Is the organization an agent, trustee, custod		diany for c	ontribution	ne or other as	seats not in				
Ia									Yes	🗌 No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······		
D		and complete the lo	nowing te	IDIE.					Amount	
c	Beginning balance						1c		7 thount	
	Additions during the year									
	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on F						v?		Yes	No
	If "Yes," explain the arrangement in Part XIII									
Par							).			
		(a) Current year	<b>(b)</b> Pri	ior year	(c) Two yea	rs back 🛛 (c	<b>i)</b> Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	and administe	ered for the	e organiz	ation	г	
	by:								·	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza				• • • • • • • • • • • • • • • • • • • •				3b	
4	Describe in Part XIII the intended uses of the		owment fu	unds.						
Par	t VI Land, Buildings, and Equipn			line data d	D		10			
	Complete if the organization answere		-					-1	(-1) D  -	
	Description of property	<b>(a)</b> Cost or o basis (investr			t or other (other)		cumulate eciation	d	<b>(d)</b> Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment				.9,703.		14,7			.927.
	Other				4,310.		14,72	25.		,585.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	10c.)				24	.,512.

Schedule D (Form 990) 2018

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Part VII	Investn	nents - O	ther Securi	ties.		
Schedule D	(Form 990)	2018	GLOBAL	FOOTPRINT	NETWORK,	INC.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.							
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
(1) Financial derivatives							
(2) Closely-held equity interests							
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)							

#### Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEPOSITS	9,020.
(2) GENEVA GIFT TO BE TRANSFERED	106,648.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	115,668.

#### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	
0 1		

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

Schedule D (Form 990) 2018

832053 10-29-18

Schedule D (Form 990) 2018 GLOBAL FOOTPRINT NETWORK	, INC.		73-3	1672982 Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per F		
Complete if the organization answered "Yes" on Form 990, Part IV, line :	12a.			
1 Total revenue, gains, and other support per audited financial statements			1	1,207,157.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	-3,845.		
b Donated services and use of facilities	2b	74,272.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	70,427.
3 Subtract line 2e from line 1			3	1,136,730.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,136,730.
			-	
Part XII Reconciliation of Expenses per Audited Financial Stat	ements With		-	
Part XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	<b>ements Wit</b> 12a.	n Expenses per	-	rn.
Part XII         Reconciliation of Expenses per Audited Financial Stat           Complete if the organization answered "Yes" on Form 990, Part IV, line           1         Total expenses and losses per audited financial statements	<b>ements Wit</b> 12a.	n Expenses per	-	
Part XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	<b>ements Wit</b> 12a.	n Expenses per	Retu	rn.
Part XII         Reconciliation of Expenses per Audited Financial Stat           Complete if the organization answered "Yes" on Form 990, Part IV, line           1         Total expenses and losses per audited financial statements	ements With	n Expenses per	Retu	rn.
Part XII       Reconciliation of Expenses per Audited Financial Stat         Complete if the organization answered "Yes" on Form 990, Part IV, line         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With 12a	n Expenses per	Retu	rn.
Part XII       Reconciliation of Expenses per Audited Financial Stat         Complete if the organization answered "Yes" on Form 990, Part IV, line         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities	ements With 12a 2a 2b	n Expenses per	Retu	rn.
Part XII       Reconciliation of Expenses per Audited Financial Stat         Complete if the organization answered "Yes" on Form 990, Part IV, line         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments	2a            2a            2b            2c	n Expenses per	Retu	rn. 1,456,894.
Part XII       Reconciliation of Expenses per Audited Financial Stat         Complete if the organization answered "Yes" on Form 990, Part IV, line         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses	2a            2a            2b            2c            2d	n Expenses per 74 , 272 .	Retu	rn. <u>1,456,894</u> . 74,272.
Part XII       Reconciliation of Expenses per Audited Financial Stat         Complete if the organization answered "Yes" on Form 990, Part IV, line         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)	2a           2b           2c           2d	1 Expenses per 74 , 272 .	Retu	rn. 1,456,894.
Part XII       Reconciliation of Expenses per Audited Financial Stat         Complete if the organization answered "Yes" on Form 990, Part IV, line         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d	2a           2b           2c           2d	1 Expenses per 74 , 272 .	1 2e	rn. <u>1,456,894</u> . 74,272.
Part XII       Reconciliation of Expenses per Audited Financial Stat         Complete if the organization answered "Yes" on Form 990, Part IV, line         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1	2a           2b           2c           2d	1 Expenses per 74 , 272 .	1 2e	rn. <u>1,456,894</u> . 74,272.
Part XII       Reconciliation of Expenses per Audited Financial Stat         Complete if the organization answered "Yes" on Form 990, Part IV, line         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d           2d	1 Expenses per 74 , 272 .	1 2e	rn. 1,456,894. 74,272. 1,382,622.
Part XII       Reconciliation of Expenses per Audited Financial Stat         Complete if the organization answered "Yes" on Form 990, Part IV, line 1         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d           2d           4a           4b	1 Expenses per 74 , 272 .	1 2e	rn. <u>1,456,894</u> . <u>74,272</u> . <u>1,382,622</u> . 0.
Part XII       Reconciliation of Expenses per Audited Financial Stat         Complete if the organization answered "Yes" on Form 990, Part IV, line         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)	2a           12a.           2b           2c           2d           2d           4a           4b	1 Expenses per 74 , 272 .	Retu 1 2e 3	rn. 1,456,894. 74,272. 1,382,622.

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.

15100909 794364 GLOBALFOOT

	HEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates	OMB No. 1545-0047
(Fo	rm 990)	Complete if	the organizatio	on answered "Yes" on Form 990, Part	IV, line 14b,	15, or 16.	2018
	tment of the Treasury al Revenue Service		www.ire.gov/E	Attach to Form 990. orm990 for instructions and the lates	tinformation		Open to Public Inspection
	e of the organization		www.irs.gov/ro		t mormation.		entification number
OT.			77 T.10				
Ра	OBAL FOOTPR			tside the United States. Comple	ate if the organ	73-1672	
14		art IV, line 14b.			ete il the organ	iization answei	
1	-	-		ds to substantiate the amount of its grather the selection criteria used to award the			Yes X No
	the grantees engine	ity for the grants of	assistance, and	the selection chiena used to award the	e grants or ass		
2	For grantmakers. D United States.	Describe in Part V the	e organization's	procedures for monitoring the use of it	s grants and c	ther assistance	e outside the
3	Activities per Region			an be duplicated if additional space is i			
	(a) Region	(b) Number of offices in the region	agents, and independent	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	is a pro	vity listed in (d) gram service, e specific type	(f) Total expenditures for and investments
			contractors in the region	recipients located in the region)	of service	e(s) in the regior	n in the region
EUR	OPE	1	2	PROGRAM SERVICES	RESEARCH AI	ND REPORTS	53,224.
	F ASIA & THE IFIC	d	1	PROGRAM SERVICES	RESEARCH AI	ND REPORTS	35,567.
3 a	Subtotal	1	. 3				88,791.
	Total from continuat	ion					
	sheets to Part I		0				0.
С	Totals (add lines 3a and 3b)		. 3				88,791.
LHA	For Paperwork Red			ctions for Form 990.		Schedu	le F (Form 990) 2018

832071 10-31-18

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			TO PROVIDE NFA					
			PRODUCTION AND RESEARCH ACTIVITIES					
			AS WELL AS GENERAL	0.		0.		
				<b>.</b>				
2 Enter total number of	recipient organizatio	I ns listed above that are	I recognized as charities by the	L foreian country	I recognized as tax-e	L xempt	1	
			tion 501(c)(3) equivalency lette					
3 Enter total number of	other organizations	or entities				<b>&gt;</b>		

Schedule F (Form 990) 2018

73-1672982

Page 3

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	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2018

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately 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; don't file with Form 990)</i>	Yes	X 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	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

832074 10-31-18

### Schedule F (Form 990) 2018 GLOBAL FOOTPRINT NETWORK, INC. 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. See instructions.

#### PART II, COLUMN (D):

#### **REGION: EUROPE**

#### (D) PURPOSE OF GRANT: TO PROVIDE NFA PRODUCTION AND RESEARCH ACTIVITIES

#### AS WELL AS GENERAL SUPPORT TO THE GFN SWITZERLAND OFFICE

832075	10-31-18

15100909 794364 GLOBALFOOT

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	10	2
•		Compensated Employees		20	10	)
Depa	tment of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer i			mber
_		GLOBAL FOOTPRINT NETWORK, INC.	73-1	67298	2	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
a	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41		
~				1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicato which if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's			
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the organizat				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		compensation consultant $X$ Compensation survey or study				
	·	ther organizations X Approval by the board or compensation of	ommittee			
			Johnnittee			
4	During the year did	l any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а		e payment or change-of-control payment?		4a		х
b		ceive payment from, a supplemental nonqualified retirement plan?				X
		ceive payment from, an equity-based compensation arrangement?				X
-		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	,					
	Only section 501(	;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а				5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
b		ation?				Х
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
	not described on li	nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990)	) 2018

73-1672982

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't 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.

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

#### Page 3

#### 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.

Schedule J (Form 990) 2018

SCHEDULE L	Transactio	ns V	Vith	Interested	l Persons			O	//B No.	1545-0	047	
(Form 990 or 990-EZ) ► Complete i	if the organization a					26, 27	, 28a,		20	18	3	
				·EZ, Part V, line 38 990 or Form 990-E				_	pen T		-	
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/F								spect		JIIC	
Name of the organization							-			ion nı	umber	
	FOOTPRINT				01(-)(00)			729	82			
Part I Excess Benefit Tran Complete if the organization								Ъ				
1	(b) Relationship be			lified				JD.	(d)	Corre	ected?	
(a) Name of disqualified person	person and o			(	c) Description of tra	nsactio	n		· · ·	es	No	
									_			
									-			
2 Enter the amount of tax incurred b	y the organization ma	nagers	or disc	qualified persons du	uring the year under							
							► \$					
<b>3</b> Enter the amount of tax, if any, on	line 2, above, reimbui	rsea by	the or	ganization			▶ ३					
Part II   Loans to and/or Fro	m Interested Pe	rsons	5.									
Complete if the organization	on answered "Yes" or	Form 9	990-EZ	, Part V, line 38a or	Form 990, Part IV, I	ne 26;	or if th	ne orga	inizati	ion		
reported an amount on Fo	íí					-		<b>(h)</b> Ap	orover	11 .		
(a) Name of (b) Relativity (b) Relativity (c)		fron	oan to or n the	(e) Original principal amount	(f) Balance due		) In ault?	by bo	ard or	1 (1) *	Written reement?	
			ization? From			Yes		Yes		Yes		
										103		
Total Part III Grants or Assistanc	e Benefiting Inte	ereste	d Pe	<u></u> ► \$ rsons.								
Complete if the organization	-											
(a) Name of interested person	(b) Relationship interested pe the organiz	o betwe rson an	en	(c) Amount of assistance	(d) Type of assistance		•	) Purp assist		of		
		Lation										
							-+					

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

Schedule L (Form 990 or 990-EZ) 2018

832131 10-25-18

Schedule L (Form 990 or 990-EZ) 2018	GLOBAL	FOOTPRINT	NETWORK,	INC.
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**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	) Name of interested person         (b) Relationship between interested person and the organization		(d) Description of transaction	(e) Sha organiz reven	
				Yes	No
GLOBAL FOOTPRINT NETWORK-S	SEE SCHEDULE O	0.	SHARED EMPL		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

#### (D) DESCRIPTION OF TRANSACTION: SHARED EMPLOYEE SALARIES ON JOINT

PROJECT

Part IV

Schedule L (Form 990 or 990-EZ) 2018

832132 10-25-18

15100909 794364 GLOBALFOOT

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



GLOBAL FOOTPRINT NETWORK, INC.

73-1672982

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

OUR VISION IS THAT ALL PEOPLE FLOURISH WITHIN THE MEANS OF OUR ONE

PLANET. OUR MISSION IS TO MAKE ECOLOGICAL LIMITS CENTRAL TO

DECISION-MAKING.

FORM 990, PART III, LINE 4A

RESEARCH - GLOBAL FOOTPRINT NETWORK AND ITS STAFF ARE KNOWN FOR HAVING DEVELOPED THE ECOLOGICAL FOOTPRINT, THE ONLY ACCOUNTING SYSTEM IN THE WORLD THAT COMPREHENSIVELY COMPARES OVERALL HUMAN DEMAND ON NATURE WITH WHAT OUR PLANET, OR EACH REGION'S ECOSYSTEMS CAN RENEW. IT SUMMARIZES THE RESULTS IN A SINGLE, EASY TO UNDERSTAND METRIC: NUMBER OF EARTHS THIS RESOURCE ACCOUNTING SYSTEM CAN BE APPLIED, FROM THE USED. INDIVIDUAL TO THE CITY TO THE GLOBAL LEVEL. OUR NATIONAL FOOTPRINT ACCOUNTS, CONTAIN ECOLOGICAL FOOTPRINT AND BIO-CAPACITY DATA FOR NEARLY EVERY COUNTRY SINCE 1961 AND THIS CORE DATA IS DRAWN FROM UN DATA SOURCES. SOME 2,000 UNIVERSITIES AROUND THE WORLD HAVE DOWNLOADED ECOLOGICAL FOOTPRINT DATA FOR RESEARCH, ARTICLES AND BOOKS. GLOBAL FOOTPRINT NETWORK'S DATA AND GRAPHS ARE CITIED IN VIRTUALLY EVERY SUSTAINABILITY REPORT, AS THE DATA IS USED TO TELL A STORY AND TO DEMONSTRATE COLLECTIVE TRENDS AND VARIATIONS AROUND NATIONS/REGIONS.

FORM 990, PART III, LINE 4C

OUTREACH/COMMUNICATIONS - IN ORDER TO MAKE FOOTPRINT CALCULATIONS

RELEVANT AND EMPOWERING FOR ANY USER, WE COMMUNICATE THE RESULTS IN

CREATIVE AND ENGAGING WAYS:

\*A KEY ENTRY POINT FOR OUR COMMUNICATIONS EFFORTS IS OUR POPULAR

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization GLOBAL FOOTPRINT NETWORK, INC.	Employer identification number 73-1672982
ECOLOGICAL FOOTPRINT CALCULATOR, (HTTP://WWW.FOOTPRINTCAL	CULATOR.ORG/).
THE FOOTPRINT CALCULATOR ONE OF THE MOST POWERFUL SUSTAIN	IABILITY
EDUCATION TOOLS IN THE WORLD, ATTRACTING MORE THAN 3 MILI	JION USERS IN
2018.	
*ANNUAL EARTH OVERSHOOT DAY MEDIA CAMPAIGN	
(HTTPS://WWW.OVERSHOOTDAY.ORG/) EVERY YEAR SINCE 2006, GI	OBAL FOOTPRINT
NETWORK HAS BEEN MARKING EARTH OVERSHOOT DAY: THE DATE WH	IEN HUMANITY
HAS EXHAUSTED THE PLANET'S ECOLOGICAL BUDGET FOR THE WHOI	JE YEAR. IN
2018, THERE WERE ALMOST 5,500 WEBPAGE MENTIONS IN 104 COU	INTRIES,
RESULTING IN 3+ BILLION MEDIA IMPRESSIONS, INCLUDING FROM	IT PAGE
COVERAGE IN FRANCE'S LEADING NEWSPAPERS.	
*WE PUBLISHED OUR ANNUAL NATIONAL FOOTPRINT ACCOUNTS, WHI	CH CONTAINS
ECOLOGICAL FOOTPRINT AND BIO-CAPACITY RESULTS OF NEARLY H	EVERY COUNTRY
SINCE 1961, UNDER A CREATIVE COMMONS LICENSE SO IT CAN BE	FREE AND
ACCESSIBLE TO ALL PEOPLE. THIS OPEN DATA PLATFORM IS CAI	LED ECOLOGICAL
FOOTPRINT EXPLORER HTTP://DATA.FOOTPRINTNETWORK.ORG/#/	

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

SUSAN BURNS, FOUNDER/DIRECTOR OF FINANCE FOR CHANGE, IS MARRIED TO MATHIS WACKERNAGEL, FOUNDER/CEO.

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

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 11B:

 THE FOUNDER/CEO AND ACCOUNTING MANAGER REVIEW THE FORM 990 PRIOR TO FILING,

 832212 10-10-18

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

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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:
THE GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION, BYLAWS) AND CONFLICT OF
INTEREST POLICY OF THE ORGANIZATION THAT 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 IX, LINE 11G, OTHER FEES:
832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018 43
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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 CEO, PRESIDENT AND HIGHEST PAID INDIVIUALS ARE REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE.

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

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

MEMBERS OF THE GOVERNING BODY. POTENTIAL CONFLICTS OF INTEREST WOULD BE DISCUSSED AT THIS TIME.

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO BOARD MEMBERS AND ALL

BEFORE THEY PROVIDE A COMPLETE COPY OF THE 990 TO ALL MEMBERS OF THE BOARD

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

FOR APPROVAL.

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

Name of the organization GLOBAL FOOTPRINT NETWORK, INC.

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2 Employer identification number
GLOBAL FOOTPRINT NETWORK, INC.	73-1672982
PROGRAM SERVICE EXPENSES	68,305.
MANAGEMENT AND GENERAL EXPENSES	3,040.
FUNDRAISING EXPENSES	6,560.
TOTAL EXPENSES	77,905.
IT CONSULTING:	
PROGRAM SERVICE EXPENSES	33,546.
MANAGEMENT AND GENERAL EXPENSES	3,637.
FUNDRAISING EXPENSES	4,935.
TOTAL EXPENSES	42,118.
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	46,549.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	263.
TOTAL EXPENSES	46,812.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	166,835.
FORM 990, PART XII, LINE 2C	
NO CHANGES TO THE PROCESS HAVE BEEN MADE SINCE THE PRIOR	YEAR.
FORM 990, SCHEDULE L, PART IV, COLUMN B	
THEIR BOARD IS CONTROLLED BY CURRENT AND FORMER GLOBAL FO	OTPRINT
NETWORK TRUSTEES, DIRECTORS, OFFICERS AND KEY EMPLOYEES.	

832212 10-10-18

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

SCH	IEDULE R
-	

#### (Form 990)

#### Department of the Treasury Internal Revenue Service

#### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number

73-1672982

Name of the organization

GLOBAL FOOTPRINT NETWORK, INC.

Part I

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

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled itty?
				501(c)(3))		Yes	No
GLOBAL FOOTPRINT NETWORK-SWITZERLAND	PROMOTE AND SECURE						
FOUNDATION, 18 AVENUE LOUIS-CASAI, GENEVA,	FINANCIAL SUPPORT FOR THE						
SWITZERLAND 1209	ECOLOGICAL FOOTPRINT	SWITZERLAND	STIFTUNG	N/A	N/A		X
	-						
	-						

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

Schedule R (Form 990) 2018

#### Schedule R (Form 990) 2018 GLOBAL FOOTPRINT NETWORK, INC.

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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)	(b)	(c)	(d)		(e)		(f)		(g)	(I	ר)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomir (related, excluded fr	nant income , unrelated, rom tax under s 512-514)	Share inc	e of total come	end-	are of of-year sets	alloca	ortionate tions?	Code V-U amount in I 20 of Scheo K-1 (Form 10	3 General o managing partner?		Percenta ownersi
		country)		sections	3 512-514)					Yes	No	K-1 (Form 10	065) <b>Y</b>	<u>es No</u>	
	-														
	-														
	_														
	-														
	-														
	_														
	-														
IV Identification of Related O organizations treated as a c	rganizations Taxable a orporation or trust durin	as a Corpo ng the tax	<b>pration or Trust.</b> C year.	omplete if t	he organizat	ion ansv	vered "Yes	s" on Fo	rm 990, P	l art IV,	l line 34	I 4, because it∣	had or	le or m	l ore relat
(a)			(b)	(c)	(d)		(e)	)	(f	)		(g)	(	h)	(i)
Name, address, and	EIN	Prim	<b>(b)</b> ary activity	(C) Legal domicile (state or	Direct cont		Type of	entity	Share o	of total		Share of	Perce	entage	(i) Section 512(b)(1 controlle
	EIN on	Prim		Legal domicile				entity S corp,		of total			Perce		controlle entity?
Name, address, and	EIN on	Prim		Legal domicile (state or foreign	Direct cont		Type of (C corp, S	entity S corp,	Share o	of total		Share of end-of-year	Perce	entage	(i) Section 512(b)(1: controlle entity? Yes N
Name, address, and	EIN on	Prim		Legal domicile (state or foreign	Direct cont		Type of (C corp, S	entity S corp,	Share o	of total		Share of end-of-year	Perce	entage	entity?
Name, address, and	EIN on	Prim		Legal domicile (state or foreign	Direct cont		Type of (C corp, S	entity S corp,	Share o	of total		Share of end-of-year	Perce	entage	entity?
Name, address, and	EIN on	Prim		Legal domicile (state or foreign	Direct cont		Type of (C corp, S	entity S corp,	Share o	of total		Share of end-of-year	Perce	entage	entity?
Name, address, and	EIN on	Prim		Legal domicile (state or foreign	Direct cont		Type of (C corp, S	entity S corp,	Share o	of total		Share of end-of-year	Perce	entage	entity?
Name, address, and	EIN on	Prim		Legal domicile (state or foreign	Direct cont		Type of (C corp, S	entity S corp,	Share o	of total		Share of end-of-year	Perce	entage	entity?
Name, address, and	EIN on	Prim		Legal domicile (state or foreign	Direct cont		Type of (C corp, S	entity S corp,	Share o	of total		Share of end-of-year	Perce	entage	entity?
Name, address, and	EIN on	Prim		Legal domicile (state or foreign	Direct cont		Type of (C corp, S	entity S corp,	Share o	of total		Share of end-of-year	Perce	entage	entity?
Name, address, and	EIN on	Prim		Legal domicile (state or foreign	Direct cont		Type of (C corp, S	entity S corp,	Share o	of total		Share of end-of-year	Perce	entage	entity?
Name, address, and	EIN on	Prim		Legal domicile (state or foreign	Direct cont		Type of (C corp, S	entity S corp,	Share o	of total		Share of end-of-year	Perce	entage	entity?

#### Schedule R (Form 990) 2018 GLOBAL FOOTPRINT NETWORK, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
-				
f	Dividends from related organization(s)	1f		X
a	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		x
 i	Exchange of assets with related organization(s)	1i		x
i	Lease of facilities, equipment, or other assets to related organization(s)			x
,		.,		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		x
I I	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10		x
•		10		
n	Reimbursement paid to related organization(s) for expenses	1p		x
۲ 0	Reimbursement paid to related organization(s) for expenses	1q		x
ч		-4		
r	Other transfer of cash or property to related organization(s)	1r		x
' s	Other transfer of cash or property from related organization(s)	15		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>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
GLOBAL FOOTPRINT NETWORK-SWITZERLAND			
(1) FOUNDATION	L	0.	STAFF HOURS
GLOBAL FOOTPRINT NETWORK-SWITZERLAND			
(2) FOUNDATION	M	0.	STAFF HOURS-NOT TRACKED
GLOBAL FOOTPRINT NETWORK-SWITZERLAND			
(3) FOUNDATION	N	0.	MAIL LISTS -NOT VALUED
GLOBAL FOOTPRINT NETWORK-SWITZERLAND			
(4) FOUNDATION	В	750.	CASH AMOUNT
<u>(5)</u>			
_(6)			
	17		

#### Schedule R (Form 990) 2018 GLOBAL FOOTPRINT NETWORK, INC.

#### 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.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are al partners 501(c)( orgs.5 Yes N	II sec. (3) ?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(H Dispr tior alloca <b>Yes</b>	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner Yes N	(k) Percentage ownership
			,		10			163	NO			

Schedule R (Form 990) 2018

Part VII Supplemental Information	Part VII	Supplemental	Information.
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Provide additional information for responses to questions on Schedule R. See instructions.

15100909 794364 GLOBALFOOT

#### 2018 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990 PAGE 10

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0101 9.	90 PAGE 10	_						990		_				_	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	(D)CLICK TOOLS SOFTWARE	06/30/06	SL	5.00		16	2,295.				2,295.	2,295.		0.	2,295.
2	(D)SOFTWARE - MATHWORKS	11/18/11	SL	4.00		16	2,100.				2,100.	2,100.		٥.	2,100.
3	(D)SERVER UPGRADES	07/25/13	SL	7.00		16	35,806.				35,806.	22,132.		0.	22,132.
4	QUICKBOOKS SOFTWARE	08/22/14	SL	3.00		16	2,550.				2,550.	2,550.		0.	2,550.
5	(D)ROUTER AND FIREWALL UPGRADE	07/16/14	SL	2.00		16	1,398.				1,398.	1,398.		٥.	1,398.
6	(D)R & S COMPUTER	09/18/14	SL	3.00		16	1,344.				1,344.	1,344.		٥.	1,344.
7	(D)GENEVA SERVER	12/31/14	SL	7.00		16	6,325.				6,325.	2,712.		٥.	2,712.
8	(D)BATTERY BACKUP - GENEVA SERVER	12/31/14	SL	7.00		16	752.				752.	321.		٥.	321.
9	COMPUTER EQUIPMENT	03/10/16	SL	5.00		16	19,703.				19,703.	10,836.		3,940.	14,776.
10	WEBSITE	03/07/16	SL	5.00		16	15,430.				15,430.	2,829.		3,086.	5,915.
11	WEBSITE	12/21/16	SL	5.00		16	10,801.				10,801.	1,980.		2,160.	4,140.
12	WEBSITE	01/24/17	SL	5.00		16	5,529.				5,529.	1,014.		1,106.	2,120.
13	(D)CONFERENCE ROOM TABLE	06/20/17	SL	7.00		16	700.				700.	17.		٥.	17.
14	(D)17TH STREET OFICE FURNITURE BUNDLE	07/16/17	SL	7.00		16	6,000.				6,000.	429.		0.	429.
15	(D)COMPUTER EQUIPMENT	03/31/16	SL	5.00		16	16,936.				16,936.	3,048.		٥.	3,048.
	* TOTAL 990 PAGE 10 DEPR						127,669.				127,669.	55,005.		10,292.	65,297.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						127,669.			0.	127,669.	55,005.			65,297.

828111 04-01-18

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

#### 2018 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990 PAGE 10

	-							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ACQUISITIONS						0.			0.	0.	0.			0.
	DISPOSITIONS						73,656.			0.	73,656.	35,796.			35,796.
	ENDING BALANCE						54,013.			٥.	54,013.	19,209.			29,501.
	ENDING ACCUM DEPR LESS DISPOSITIONS											29,501.			
	ENDING BOOK VALUE											24,512.			

828111 04-01-18

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone