EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

OMB No. 1545-0047

Α	⊦or the	2019 calendar year, or tax year beginning and	l ending		
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres change				
	Name change	Doing business as		73-16729	82
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return/	1528 WEBSTER STREET, SUITE 11		510-839-	8879
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	1	G Gross receipts \$	857,772.
	Amend			H(a) Is this a group re	eturn
	Applica tion	IF Name and address of principal officer: MAILLE WACKERNAGED	ı	for subordinates	
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	
<u> </u>	Tax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. (see instructions)
J	Website	www.FOOTPRINTNETWORK.ORG		H(c) Group exemption	n number 🕨
K	Form of o	organization: X Corporation Trust Association Other	L Year	of formation: 2003 N	1 State of legal domicile: CA
P	art I	Summary		<u>.</u>	
0	1 E	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	ILE O	
Activities & Governance					
rna	2 0	Check this box if the organization discontinued its operations or dispo	osed of more	than 25% of its net as	ssets.
ove.	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	8
<u>ن</u> «	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			7
es 6		otal number of individuals employed in calendar year 2019 (Part V, line 2a)			7
ξ		otal number of volunteers (estimate if necessary)			2
₹		otal unrelated business revenue from Part VIII, column (C), line 12			0.
_		Net unrelated business taxable income from Form 990-T, line 39			0.
				Prior Year	Current Year
ō	8 (Contributions and grants (Part VIII, line 1h)		693,680.	286,475.
enc	9 F	Program service revenue (Part VIII, line 2g)		481,779.	572,808.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-38,852.	313.
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		123.	-1,824.
	12 7	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,136,730.	857,772.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		769,742.	501,808.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b∃	otal fundraising expenses (Part IX, column (D), line 25)	59.	410.000	
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		612,880.	522,771.
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,382,622.	1,024,579.
		Revenue less expenses. Subtract line 18 from line 12		-245,892.	-166,807.
t Assets or lad Balances	<u> </u>		Ве	ginning of Current Year	End of Year
Sset	20 7	otal assets (Part X, line 16)		1,243,867.	1,098,292.
H A	21 7	otal liabilities (Part X, line 26)		52,563.	68,272.
Net		Net assets or fund balances. Subtract line 21 from line 20		1,191,304.	1,030,020.
		Signature Block			
	-	ties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of w	/nicn preparer	nas any knowledge.	
٠.		Signature of officer		I Date	
Sig		MATHIS WACKERNAGEL, PRESIDENT		Duto	
He	re	Type or print name and title			
_		<u> </u>	П	Date Check	X PTIN
Pai		Print/Type preparer's name PATRICIA A. WINTROATH	I	18/12/20 if self-employe	<u></u>
			ļu L		ea h 00420440
		Firm's name PATRICIA A. WINTROATH, CPA Firm's address 2121 N. CALIFORNIA BLVD., SUITE	: 290	Firm's EIN	
530	Jonly	WALNUT CREEK, CA 94596	. 470	Dhone no Q 2	5-974-3310
<u></u>	v tho ID	S discuss this return with the preparer shown above? (see instructions)		I Holle Hu. 2 Z	Ves No

Pai	Check if Schoolule O centains a reasonable or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III 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? Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No 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 revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 159,388. including grants of \$) (Revenue \$) (Revenue \$)
	710.624
4b	(Code:) (Expenses \$ 719,634. including grants of \$) (Revenue \$ 466,801.) PROGRAMS - GLOBAL FOOTPRINT NETWORK ADVANCES NOVEL APPLICATIONS OF THE
	ECOLOGICAL FOOTPRINT THROUGH VARIOUS PROJECTS INCLUDING CITY FOOTPRINT ASSESSMENTS, COUNTRY STUDIES AND INVESTMENT APPRAISALS. WE ALSO SUPPORT
	CITIES, REGIONS, COUNTRIES, BUSINESSES AND OTHER INSTITUTIONS BY APPLYING THE ECOLOGICAL FOOTPRINT METHODOLOGY TO AID IN DECISION MAKING AND RISK ANALYSIS.
	AND KIDK ANADIDIO.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$) SEE SCHEDULE O FOR DESCRIPTION)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 879,022. Form 990 (2019)
	1 01111 300 (2019)

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	<u> </u>
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			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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			
0	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			
J	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in 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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			 ₩
40	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 14a	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	21	
b	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	טדו		
.0	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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			v
04 -	Schedule J	23		X
24 a	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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			v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	28c	х	
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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	34	Х	
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Da	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
ıa	Check if Schedule O contains a response or note to any line in this Part V			
	Shook in Contourie Contraine a recipional of frote to any line in this hart v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 14		. 50	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

GLOBAL FOOTPRINT NETWORK, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	No		
2 a	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	7					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•					
	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	ınt)?	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 A		, ,			77		
	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 transa			5b				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с				
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			C -		х		
L	any contributions that were not tax deductible as charitable contributions?			6a				
D	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?		· ·	6h				
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b				
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		Х		
	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							
_	to file Form 8282?		•	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year		1					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8	899 as required?	7g				
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
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				9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:	40-	I					
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
	Gross income from members or shareholders	11a	I					
	Gross income from other sources (Do not net amounts due or paid to other sources against	Tiu						
~	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		?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
	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						
	Enter the amount of reserves on hand	13c				77		
				14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					v		
	excess parachute payment(s) during the year?			15		X		
16	If "Yes," see instructions and file Form 4720, Schedule N.	t inn-	umo?	16		Х		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen If "Yes," complete Form 4720, Schedule O.	LITICO	MING!	16		- 21		
	ii res, complete i unii 4720, somedule O.			Form	000	(2010)		

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion 211 one of this coolen 2 requests information about periode not required by the internal revenue code.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 10.		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
a h	Other officers or key employees of the organization	15a	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa		16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
<u>Sac</u>	exempt status with respect to such arrangements? tion C. Disclosure	IOD		
	List the states with which a copy of this Form 990 is required to be filed ►CA			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	Je onh	ı) avail	ahlo
10	for public inspection. Indicate how you made these available. Check all that apply.	را ال در	, avall	auit
	Own website			
10		dfice	aoia!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	iu tinai	icial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records PACHEL ROBERTS – 510-839-8879			
	1528 WEBSTER STREET, SUITE 11, OAKLAND, CA 94612			
	TODO HEDDIEN DINEEL, DOILE II, OMNEMBLO, CA JEULA			

932006 01-20-20

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

	(A) (B)		(C)					(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	box, unless person officer and a direct			is bot	h an	compensation	compensation	amount of
	week (list any					$\top \top$		from the	from related organizations	other compensation
	hours for	r direc				pa:		organization	(W-2/1099-MISC)	from the
	related	stee or	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		oloyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SUSAN BURNS	1.00									
DIRECTOR		Х						2,000.	0.	0.
(2) MATHIS WACKERNAGEL	40.00									
CHIEF EXECUTIVE OFFICER		Х		Х				112,570.	0.	6,981.
(3) JULIA MARTON-LEFEVRE	1.00									
DIRECTOR		Х						0.	0.	0.
(4) LYNDA MANSSON	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) SAROSH KUMANA	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(6) KEITH TUFFLEY	1.00							_	_	_
PRESIDENT		Х		Х				0.	0.	0.
(7) DANIEL GOLDSCHEIDER	1.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(8) SANDRA BROWNE	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(9) ALEXA FIRMENICH	1.00									
DIRECTOR		Х						0.	0.	0.
		H								
-										
	L	L		<u> </u>	L	<u> </u>				- 000

. ai	t VII Section A. Officers, Directors, Trus		pioy	ees	, and (C		gne	st C			\neg	/E\	
	(A)	1 ' ' 1			رر Posi	•	1		(D) Reportable	(E)		(F)	.od
	Name and title	hours per (do not check mor							compensation	Reportable compensation		Estimat amount	
		week					or/trus		from	from related		other	
		(list any	ctor						the	organizations		compens	
		hours for	r dire				ted		organization	(W-2/1099-MISC)		from th	ne
		related	stee o	rustee		Key employee Highest compensated employee Former			(W-2/1099-MISC)			organiza	
		organizations	Individual trustee or director	Institutional trustee		Key employee	comp					and rela	
		below line)	lividu	stitutio	Officer	/ emp	jhest ploye	Former				organizat	ions
		iii ie)	i i	lns	JJ0	Ke	High B B B	횬			_		
			1										
											+		
			1										
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			1										
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			\mathbf{I}										
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			1										
											+		
			1										
											+		
			1										
											+		
			1										
1h	Subtotal	1							114,570.	0		6.9	81.
	Total from continuation sheets to Part V								0.				0.
	Total (add lines 1b and 1c)								114,570.		•	6.9	81.
2	Total number of individuals (including but r									_		- 7 -	
	compensation from the organization						·, ···			,			1
												Yes	No
3	Did the organization list any former officer	, director, trust	ee, l	cey e	empl	love	e, or	hig	hest compensated emp	loyee on			
	line 1a? If "Yes," complete Schedule J for s										Г	3	Х
4	For any individual listed on line 1a, is the s	um of reportab											
	and related organizations greater than \$15	60,000? <i>If "Yes,</i>	" co	mple	ete S	Sche	edule	Jf	or such individual	J	Г	4	Х
5	Did any person listed on line 1a receive or												
	rendered to the organization? If "Yes," con	nplete Schedul	e J f	or su	ıch j	pers	son .				. Г	5	Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	ompensated in	depe	ende	nt c	onti	racto	rs t	hat received more than	\$100,000 of compe	nsat	ion from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithin	n the organization's tax	/ear.			
	(A)								(B)			(C)	
	Name and business	address	N	INC	3				Description of s	ervices	Cor	mpensatio	on
								\perp					
								\perp					
_	Total number of independent contractors (including but r	ot li	mite	d to	tho	وا می	ted	I ahove) who received m	ore than			
2	\$100,000 of compensation from the organ		101 11		u to		0	ica	above, who received in	lore triair			

932008 01-20-20

		Check if Schedule O	contains	a response	or note to any lin	ne in this Part VIII			
		Oncold in Confedence C	oomanio_	и гооропоо	or moto to arry in	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
<u>ω</u> ω				1.1					30000013 012 014
발발		Federated campaigns							
اع ق		Membership dues							
Łŷ,	С	Fundraising events		1c					
直흥	d	Related organizations		1d					
ini	е	Government grants (conti	ributions)	1e					
Š	f	All other contributions, gifts,	grants, an	ıd					
la pri		similar amounts not included	l above	1f	286,475.				
	q	Noncash contributions included in	ilines 1a-1f	1g \$					
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			•	286,475.			
\neg					Business Code				
o l	2 a	SERVICE FEES			541900	535,711.	535,711.		
, <u>vi</u>	2 u b	LICENSE FEES			541900	22,593.	22,593.		
Ser Ine		HONORARIA			541900	13,958.	13,958.		
ž a	С.	MISCELLANEOUS	y .		541900	546.	546.		
gra Re	a	MISCELLIAMEOUS		341900	240.	340.			
Program Service Revenue	е	A.I							
٠ ا	f	All other program service				F70 000			
\rightarrow	g					572,808.			
	3	Investment income (include			24.2			24.2	
		other similar amounts)				313.			313.
	4	Income from investment of	of tax-exe	empt bond p	roceeds				
	5	Royalties	· <u></u>			426.			426.
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss	;)						
		Gross amount from sales of		Securities	(ii) Other				
		assets other than inventory	7a		.,				
	h	Less: cost or other basis							
<u>o</u>	b	and sales expenses	7b						
ther Revenue	_		-						
ě		Gain or (loss)							
<u>۲</u>		Net gain or (loss)			D				
ţ	8 a	Gross income from fundraisi	ng events	` .					
0		including \$		— ^{of}					
		contributions reported on							
		Part IV, line 18							
		Less: direct expenses							
	С	Net income or (loss) from	fundraisi	ng even <u>ts</u>					
	9 a	Gross income from gamin	ng activiti	es. See					
		Part IV, line 19		9a					
	b	Less: direct expenses		9b					
	С	Net income or (loss) from	gaming a	activities					
		Gross sales of inventory,							
		and allowances							
	b	Less: cost of goods sold							
		Net income or (loss) from							
		The state of the s			Business Code				
sno (11 a	GAIN (LOSS) C	N EX	CHANG	541900	-2,250.	-2,250.		
a a	b					,	,		
	c								
Miscellaneous Revenue	_	All other revenue							
≥		Total. Add lines 11a-11d			•	-2,250.			
	12	Total revenue. See instruction				857,772.	570,558.	0.	739.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon-		this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) 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				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4					
5	Compensation of current officers, directors,	112,570.	96,221.	12,779.	3,570
_	trustees, and key employees	112,3700	70,221.	12,775	3,370
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	222 517	201 650	41,406.	10 452
	persons described in section 4958(c)(3)(B)	333,517.	281,658.	41,400.	10,453
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	00 001	10 710	1 020	7 24
9	Other employee benefits	22,281.	19,712.	1,838.	731
10	Payroll taxes	33,440.	28,583.	3,796.	1,061
11	Fees for services (nonemployees):	40.05			
а	Management	12,867.	6,247. 2,230.	1,970.	4,650
b	Legal	2,230.	2,230.		
С	Accounting	13,687.	1,873.	11,744.	70
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,				
	column (A) amount, list line 11g expenses on Sch 0.)	154,903.	151,169.	101.	3,633
12	Advertising and promotion				
13	Office expenses	3,606.	2,835.	663.	108
14	Information technology				
15	Royalties				
16	Occupancy	38,883.	17,594.	20,636.	653
17	Travel	14,186.	13,420.	766.	
18	Payments of travel or entertainment expenses	,	•		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,292.		10,292.	
		6,642.	5,677.	754.	211
23	Other expenses. Itemize expenses not covered	0,042.	3,011.	754	211
24	above (List miscellaneous expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DIRECT PROGRAM EXPENSES	210,251.	209,915.	53.	283
b	COMPUTER EXPENSES	48,022.	41,064.	5,113.	1,845
c	BANK FEES & CHARGES	5,713.	127.	1,845.	3,741
d	TELEPHONE	784.	670.	89.	25
e	All other expenses	705.	27.	653.	25
е 25	Total functional expenses. Add lines 1 through 24e	1,024,579.	879,022.	114,498.	31,059
<u>25</u> 26	Joint costs. Complete this line only if the organization		0.5,022.	111,100	31,033
20	reported in column (B) joint costs from a combined				
	, , ,				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201

Pa	πX	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		115,734.	1	231,395.	
	2	Savings and temporary cash investments			455,595.	2	460,918.
	3	Pledges and grants receivable, net		512,377.	3	260,599	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantia	contributor, or 35%			
		controlled entity or family member of any of t	hese per	sons		5	
	6	Loans and other receivables from other disqu	ersons (as defined				
Assets		under section 4958(f)(1)), and persons descri	ection 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use				8	
Ϋ́	9	Prepaid expenses and deferred charges			19,981.	9	24,512
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	54,013.			
	b	Less: accumulated depreciation	10b	39,793.	24,512.	10c	14,220
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lir		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			115,668.	15	106,648
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	1,243,867.	16	1,098,292
	17	Accounts payable and accrued expenses			52,563.	17	68,272
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part I\	of Schedule D		21	
es	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su	bstantia	contributor, or 35%			
ia B		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-2	4). Complete Part X			
	l	of Schedule D		·····	E2 E62	25	60 272
	26	Total liabilities. Add lines 17 through 25			52,563.	26	68,272
S		Organizations that follow FASB ASC 958, o	check he	ere 🕨 🔼			
ğ		and complete lines 27, 28, 32, and 33.			728,792.		1 01/ 227
ala	27	Net assets without donor restrictions			462,512.	27	1,014,337
<u>Б</u>	28	Net assets with donor restrictions			402,312.	28	13,003
Ψ		Organizations that do not follow FASB ASC	3 958, CI	neck nere			
ō		and complete lines 29 through 33.			00		
ets	29	Capital stock or trust principal, or current fun				29	
\SS	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			1,191,304.	31	1,030,020
Z	32	Total net assets or fund balances			1,243,867.	32	1,098,292
	33	Total liabilities and net assets/fund balances			1,243,00/.	33	1,090,494

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)	1			72.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,02		
3	Revenue less expenses. Subtract line 2 from line 1	3	-16		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,19		
5	Net unrealized gains (losses) on investments	5		<u>5,5</u>	23.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,03	0,0	20.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				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	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	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:				
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	-	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	<u> </u>			990	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization GLOBAL FOOTPRINT NETWORK, INC. 73-1672982 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	_					
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part 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	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stop	here					>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (I					14	%
	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the o						
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac		•	-	•	•	
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	check this box and	stop here. Explai	n in Part VI how the	e
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	<u>s</u>
					Sch	edule A (Form 990	or 990-EZ) 2019

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.)

Sec	ction A. Public Support	ciow, piedoc comp	noto i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	` '	()	,	,	,	()
	membership fees received. (Do not						
	include any "unusual grants.")	2398330.	1537878.	1071811.	693,680.	286,475.	5988174.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	477,696.	379,279.	207,325.	481,779.	572,808.	2118887.
3	Gross receipts from activities that	,		, , ,	,	,	
Ĭ	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2876026.	1917157.	1279136.	1175459.	859,283.	8107061.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						8107061.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	2876026.	1917157.	1279136.	1175459.	(e) 2019 859, 283.	8107061.
10 <i>a</i>	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,242.	9,529.	380.	139.	739.	12,029.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	1 040	0 500	200	120	720	10.000
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1,242.	9,529.	380.	139.	739.	12,029.
12	Other income. Do not include gain or loss from the sale of capital		575.	201.		-2,250.	-1,474.
13	assets (Explain in Part VI.)	2877268.	1927261.	1279717.	1175598.	857,772.	8117616.
	First five years. If the Form 990 is for					-	
	check this box and stop here			······			>
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2019 (li	ine 8, column (f), d	ivided by line 13,	column (f))		15	99.87 %
	Public support percentage from 2018					16	99.95 %
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colum	nn (f), divided by lii	ne 13, column (f))		17	.15 %
	Investment income percentage from 2	•				18	.15 %
19a	33 1/3% support tests - 2019. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	=	-	•			X
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	▶□
20	Private foundation. If the organization	n did not check a l	hox on line 14 19:	a or 19b check th	is box and see ins	structions	

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 disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
6.		
9b		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
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		<u> </u>
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	_		
0	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			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	_
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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 Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete s	Sections A through E.	
Sect	ion 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		
3	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 incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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 (from 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 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	rt V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
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 organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GLOBAL FOOTPRINT NETWORK, INC.

Employer identification number 73-1672982

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds	or Accounts	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.			
		(a) Donor advise	ed funds	(b) Funds ar	nd 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	-			
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$				L Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose o	conferring	
Day	impermissible private benefit?				Yes No
Pai		-		art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	` ' <u></u>	7		
	Preservation of land for public use (for example, recrea	ation or education)	☐ Preservation of a	• •	
	Protection of natural habitat		☐ Preservation of a	a certified historic	structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contri	oution in the form o		
	day of the tax year.				at the End of the Tax Year
a	Total number of conservation easements				
b	Total acreage restricted by conservation easements				
	Number of conservation easements on a certified historic str				
d	Number of conservation easements included in (c) acquired				
_	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the	organization dur	ng the tax
	year •				
4	Number of states where property subject to conservation ea	_			
5	Does the organization have a written policy regarding the per				□ Vaa □ Na
	violations, and enforcement of the conservation easements i				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, a	and enforcing cons	ervation easemei	its during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcing concentrat	ion occomente d	ring the year
7	S	uling of violations, and e	inorcing conservat	ion easements u	uring trie year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h)(//)(R)(i)	
Ü	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservati				165 140
5	balance sheet, and include, if applicable, the text of the footi		· ·		es the
	organization's accounting for conservation easements.	note to the organization	3 ililariolai staterrie	ins that describe	3 110
Pai	t III Organizations Maintaining Collections o	f Art. Historical Tr	easures, or Ot	her Similar A	ssets.
	Complete if the organization answered "Yes" on Form	-	,		
	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sheet	works
	of art, historical treasures, or other similar assets held for pul	•			
	service, provide in Part XIII the text of the footnote to its final	•	•	•	
b	If the organization elected, as permitted under FASB ASC 95				rks of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items:	, ,		•	,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$	
					_
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A			J /1	
а	Revenue included on Form 990, Part VIII, line 1			▶ \$	
	Assets included in Form 990, Part X				

932051 10-02-19

Schedule D (Form 990) 2019

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

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Othe	er Simila	ar Asse	ts (continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	at make s	ignificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizati	on's exe	mpt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, hi	storical trea	asures, or oth	er similaı	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?			L	Yes	No_
Pai	t IV Escrow and Custodial Arrang		ete if the	organizatio	on answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi							_	7	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo						•	L	Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete if									
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
	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 curr	ent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	and administe	ered for t	he organiz	ation	_	
	by:								Y	es No
	(i) Unrelated organizations									
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza) 				3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	1), Part X,	line 10.			
	Description of property	(a) Cost or o			t or other		ccumulate	d	(d) Book v	/alue
		basis (investn	nent)	basis	(other)	der	oreciation	\perp		
	Land									
	Buildings									
С	Leasehold improvements									
d	Equipment						20 5		4.4	200
	Other				4,013.		39,7	93.	14	<u>, 440 </u>
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line 1	10c.)			▶	⊥4	, 440.

Schedule D (Form 990) 2019

	RINT NETWORK	, INC.	73-1672982 _{Page} 3
Part VII Investments - Other Securities.	on Form 000 Port IV line	11h Coo Form 000 Dort V li	no 10
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
(1) Financial derivatives	(1) 20011 101010	(c) meaned or raidanem	
(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" of			
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990. Part X. lii	ne 15.
	Description	, ,	(b) Book value
(1) GENEVA GIFT TO BE TRANSFER	RED		106,648
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			106 640
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>		▶ 106,648
Part X Other Liabilities.	5 000 D 1 11 / 1	11 111 0 5 000 0	1.77 11 05
Complete if the organization answered "Yes" of a Description of liability	n Form 990, Part IV, line	11e or 11f. See Form 990, Pa	(b) Book value
			(b) Book value
(1) Federal income taxes			
(2)			
(3) (4)			
(4)			
(6)			<u> </u>
(7)			
(8)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... Schedule D (Form 990) 2019

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization

Employer identification number

raine or the organization					Employer Identi	
GLOBAL FOOTPRIN	T NETWOR	K, INC.			73-167298	32
			tside the United States. Compl	ete if the organ		
Form 990, Part I\	/, line 14b.					
			ds to substantiate the amount of its gr			TT.
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance? L	Yes X No
2 For growtmakers Door	wibe in Dout Vithe	ovannization's	nyonaduran for monitoring the use of it	o aranta and a	thar againtanas aut	oido tho
2 For grantmakers. Desc United States.	mbe in Part v trie	e organization s	procedures for monitoring the use of it	s grants and o	ther assistance out	side trie
	he following Parl	t I. line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of	(c) Number of			vity listed in (d)	(f) Total
	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		e specific type (s) in the region	investments
		in the region	recipients located in the region)	of Service	(s) in the region	in the region
HUDODE			DDOGDAM GEDVITGEG	DEGENERAL AN	ID DEDORMA	06.647
EUROPE	1	2	PROGRAM SERVICES	RESEARCH AN	ID REPORTS	86,647.
EAST ASIA & THE						
PACIFIC	0	1	PROGRAM SERVICES	RESEARCH AN	ID REPORTS	65,510.
3 a Subtotal	1	3				152,157.
b Total from continuation	0	_				
sheets to Part I		0				0.
c Totals (add lines 3a and 3b)	1	3				152 157.

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

Schedule F (Form 990) 2019

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO PROVIDE NFA					
			PRODUCTION AND					
			RESEARCH ACTIVITIES AS WELL AS GENERAL	0.		0.		
			recognized as charities by the		, recognized as tax-e	xempt		
by the IRS, or for whi	ch the grantee or cou	unsel has provided a sec	ction 501(c)(3) equivalency lette	er				

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

3 Enter total number of other organizations or entities

Part III Grants and Other Assistan	ce to Individuals Outsid	le the United St	ates. Complete i	f the organization answered "Yes"	on Form 990, Par	t IV, line 16.	
Part III can be duplicated if a	additional space is neede						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

ı arı	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," 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)	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? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	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		

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2019

Provide the 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	
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	

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

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

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		Δ
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		Х
a	The organization?	6a		X
D	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		21
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		-22
3	Regulations section 53.4958-6(c)?	9		
	กอรูนเลเบกอ จอบแบก ออ.4ฮอบ ^า บุเป <i>ร</i>	J		ı

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

Schedule J (Form 990) 2019

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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990	
(i)								
(ii								
(i)								
(ii								
(i)								
(ii								
(0)								
(ii								
(i)								
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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 L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of th	ne organization G	LOBAL FO	OTPRINT	NET	WOR	K, INC.				rident 729		on nu	ımber
Part I	Excess Bene	efit Transacti	ons (section 5	01(c)(3	3), sect	ion 501(c)(4), and se	ction 501(c)(29) c	rganizat	ions o	nly).			
	Complete if the o					art IV, line 25a or 25b	o, or Form 990-EZ	, Part V,	line 40	Jb.			
1 (a) Name of disqualified person			Relationship bet			lified (c	(c) Description of transaction				· · ·	(d) Corrected	
(,			person and o	rganiza	ation	,	,				Y	es	No
											-		
											+		
											+	\dashv	
											+		
2 Enter	the amount of tax i	ncurred by the c	rganization mar	nagers	or disc	qualified persons du	ring the year und	er				•	
section	on 4958								> \$				
3 Enter	the amount of tax,	if any, on line 2,	above, reimburs	sed by	the or	ganization			> \$				
5 . II.		.,											
Part II	Loans to and												
	•	-				, Part V, line 38a or f	Form 990, Part IV	line 26;	or if th	ne orga	anizati	on	
	reported an amo				2. oan to or	(a) Outsin al	(0.0.)	1	\ 1	(h) An	proved	(:) \A	/ritten
	a) Name of ested person	(b) Relationship with organization			n the ization?	(e) Original principal amount	(f) Balance due		(g) In default?		by board or committee?		ment?
Part I (a) Name 2 Enter the section as Enter the interest (a) Name Total				Ť	From	' '		Yes	No	Yes No		+ -	No
				10	110111			103	140	163	140	163	140
										\vdash			
										\vdash			
										igsquare			
										igspace			
										\perp			
	Grants or As	eistance Rei	nefiting Inte	roeto	d Da	\$							
i dit iii	Complete if the		_										
(a) N	lame of interested p		(b) Relationship			(c) Amount of	(d) Ty	ne of) Purp	088.0	f
(α) ι	iame of interested p	5013011	interested per			assistance	assist	•			assist		•
			the organiza	ation									
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's		
	person and the organization	transaction	transaction	revenues? Yes No		
GLOBAL FOOTPRINT NETWO	RK-SSEE SCHEDULE O	0.	SHARED EMPL		X	
Part V Supplemental Informat Provide additional information	on. or responses to questions on Schedule L (see	e instructions).				
SCH L, PART IV, BUSINE	SS TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:			
(A) NAME OF INTERESTED	PERSON:					
GLOBAL FOOTPRINT NETWO	RK-SWITZERLAND FOUNDATI	ON				
(D) DESCRIPTION OF TRA	NSACTION: SHARED EMPLOY	EE SALARIES	ON JOINT			
PROJECT						

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

GLOBAL FOOTPRINT NETWORK, INC. **Employer identification number** 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 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 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 UNITED NATIONS 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. OUR EARTH OVERSHOOT DAY IS KNOWN AROUND THE WORLD, GENERATING 4 BILLION MEDIA IMPRESSIONS IN 2019.

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

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization **Employer identification number** GLOBAL FOOTPRINT NETWORK, INC. 73-1672982 CREATIVE AND ENGAGING WAYS: *A KEY ENTRY POINT FOR OUR COMMUNICATIONS EFFORTS IS OUR POPULAR ECOLOGICAL FOOTPRINT CALCULATOR, (HTTP://WWW.FOOTPRINTCALCULATOR.ORG/). THE FOOTPRINT CALCULATOR ONE OF THE MOST POWERFUL SUSTAINABILITY EDUCATION TOOLS IN THE WORLD, ATTRACTING MORE THAN 3 MILLION USERS IN 2019. *ANNUAL EARTH OVERSHOOT DAY MEDIA CAMPAIGN (HTTPS://WWW.OVERSHOOTDAY.ORG/) EVERY YEAR SINCE 2006, GLOBAL FOOTPRINT NETWORK HAS BEEN MARKING EARTH OVERSHOOT DAY: THE DATE WHEN HUMANITY HAS EXHAUSTED THE PLANET'S ECOLOGICAL BUDGET FOR THE WHOLE YEAR. IN 2019, WE HAVE DOCUMENTED OVER 6400 NEWS STOIRES IN OVER 120 COUNTRIES, LEADING TO OVER 4.4 BILLION MEDIA IMPRESSIONS. *WE PUBLISHED OUR ANNUAL NATIONAL FOOTPRINT ACCOUNTS, WHICH CONTAINS ECOLOGICAL FOOTPRINT AND BIO-CAPACITY RESULTS OF NEARLY EVERY COUNTRY SINCE 1961, UNDER A CREATIVE COMMONS LICENSE SO IT CAN BE FREE AND ACCESSIBLE TO ALL PEOPLE. THIS OPEN DATA PLATFORM IS CALLED ECOLOGICAL FOOTPRINT EXPLORER HTTP://DATA.FOOTPRINTNETWORK.ORG/#/ *WE ARE WORKING WITH YORK UNIVERSITY IN TORONTO TO ESTABLISH A NEW AND INDEPENDENT INTERNATIONAL NOT-FOR-PROFIT THAT CAN MAINTAIN AND IMPROVE THE NATIONAL FOOTPRINT AND BIOCAPACITY ACCOUNTS. THIS WILL MAKE THE RESULTS MORE TRUSTED AND MORE BROADLY ACCEPTED. THE WEBISTE FOR THIS VENTURE IS WWW.FODAFO.ORG

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

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

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

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,
BEFORE THEY PROVIDE A COMPLETE COPY OF THE 990 TO ALL MEMBERS OF THE BOARD
FOR APPROVAL.

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO BOARD MEMBERS AND ALL MEMBERS OF THE GOVERNING BODY. POTENTIAL CONFLICTS OF INTEREST WOULD BE DISCUSSED AT THIS TIME.

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

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 C, LINE 18:

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

Name of the organization GLOBAL FOOTPRINT NETWORK, INC.	Employer identification number 73-1672982
DISCLOSURE RULES (OR STATE PUBLIC DISCLOSURE RULES), THES	E 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:	
TECHNICAL SERVICES:	
PROGRAM SERVICE EXPENSES	57,350.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	57,350.
IT CONSULTING:	
PROGRAM SERVICE EXPENSES	15,888.
MANAGEMENT AND GENERAL EXPENSES	101.
FUNDRAISING EXPENSES	28.
TOTAL EXPENSES	16,017.
COMMUNICATIONS:	
PROGRAM SERVICE EXPENSES	77,931.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	3,605.
TOTAL EXPENSES	81,536.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	154,903.
FORM 990, PART XII, LINE 2C	
NO CHANGES TO THE PROCESS HAVE BEEN MADE SINCE THE PRIOR	YEAR.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization GLOBAL FOOTPRE	INT NETWORK, INC.				E	mployer identific 73-16729	cation n	umber
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-year		s Direct c	(f) ontrolling ntity	9
Identification of Related Tax-Exempt Organiz	etiana Complete if the evagarization	annuared "Vas" on Form 000	O Port IV line 24			ro voleted toy ove	··········	
organizations during the tax year.	· ·		o, Part IV, line 34,	recause it riad one	e or mor		трі	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))			Yes	No
GLOBAL FOOTPRINT NETWORK-SWITZERLAND FOUNDATION, 18 AVENUE LOUIS-CASAI, GENEVA, SWITZERLAND 1209	PROMOTE AND SECURE FINANCIAL SUPPORT FOR THE ECOLOGICAL FOOTPRINT	SWITZERLAND	STIFTUNG	N/A	N/A			x

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)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
or related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	20 of Schedule	partne	Ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
							I	L			

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	CITA	
		country)		,				Yes	No
	1								
	1								
		15							

Page 3

Yes

1a

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b	X	
	Gift, grant, or capital contribution from related organization(s)					Х	
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
	Sale of assets to related organization(s)						Х
	Purchase of assets from related organization(s)						X
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organizations					Х	
	Performance of services or membership or fundraising solicitations by related organizations					Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					Х	
0	Sharing of paid employees with related organization(s)				10		Х
							37
р	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		Х
							77
	Other transfer of cash or property to related organization(s)						X
	Other transfer of cash or property from related organization(s)				1s		Λ_
2	If the answer to any of the above is "Yes," see the instructions for information on v	who must complete t	his line, including covered	relationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved		
	LOBAL FOOTPRINT NETWORK-SWITZERLAND						
(1) E	COUNDATION	L	0.	STAFF HOURS			
	LOBAL FOOTPRINT NETWORK-SWITZERLAND						
(2) F	OUNDATION	M	0.	STAFF HOURS-NOT TRACKED			
	LOBAL FOOTPRINT NETWORK-SWITZERLAND						
	OUNDATION	N	0.	MAIL LISTS -NOT VALUED			
	LOBAL FOOTPRINT NETWORK-SWITZERLAND						
(4) E	OUNDATION	В	0.	CASH AMOUNT			
<u>(5)</u>							
<u>(6)</u>		1.0					
932163	3 09-10-19	46		Schedule	R (For	m 990)	2019

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.

(b)	(c)	(d)	(e)	(f)	(g)	(1	1)	(i)	(j)	(k)
Primary activity	Legal domicile	Predominant income (related, unrelated,	partners se	Share of		Dispr tior	opor- nate	Code V-UBI amount in box 20	Genera managi	or Percentage
	(state or foreign	excluded from tax under	orgs.?	total		alloca	tions?	of Schedule K-1	partne	ownersnip
	country)	sections 5 (2-5 (4)	Yes No) Income	assets	Yes	No	(F01111 1065)	Yes N	0
						-				
										1
									\Box	
										1
										1
			1 1	1	I	1	I	I	1 1	1
	(b) Primary activity	(b) (c) Legal domicile (state or foreign country)	Primary activity (c) Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(c) Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) Yes No.	Primary activity Legal domicile (related, unrelated, state or foreign aveluded from tax under long) (state or foreign aveluded from tax under long) (state or foreign aveluded from tax under long)	(c) Primary activity Legal domicile (state or foreign country) Rections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, unrelated, excluded from tax under sections \$12-\$14 Predominant income (related, unrelated, unr	(b) Legal domicile (state or foreign country) Legal tomicile (state or foreign country) Legal tomicile (state or foreign country) Restulting 512-514) Restulting 512-514 Rest all spines sec. Share of spines of sections 512-514 Rest No. Share of spines sec. Share of spines of send-of-year assets Rest No. Share of spines sec. Share of spines of spi	(c) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Rections 312-314) Rections 312-3140 Rections 312-	(c) Primary activity Legal domicile (state or foreign country) Sections 512-514) Predominant income (related, unrelated, sections 512-514) Predominant income (related, unrelated, unrelated, sections 512-514) Vea No Share of end-of-year assets Predominant income (related, unrelated, unrelate	(b) Legal domicile (state or foreign country) Predominant income (state

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	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	QUICKBOOKS SOFTWARE	08/22/14	SL	3.00	į	16	2,550.				2,550.	2,550.		0.	2,550.
2	COMPUTER EQUIPMENT	03/10/16	SL	5.00		16	19,703.				19,703.	14,776.		3,940.	18,716.
3	WEBSITE	03/07/16	SL	5.00		16	15,430.				15,430.	5,915.		3,086.	9,001.
4	WEBSITE	12/21/16	SL	5.00	Í	16	10,801.				10,801.	4,140.		2,160.	6,300.
5	WEBSITE	01/24/17	SL	5.00		16	5,529.				5,529.	2,120.		1,106.	3,226.
	* TOTAL 990 PAGE 10 DEPR						54,013.				54,013.	29,501.		10,292.	39,793.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

filing of t	his form, visit www.irs.gov/e-file-providers/e-file-for-chari	ities-and-r	non-profits.					
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).					
-	rations required to file an income tax return other than For Form 7004 to request an extension of time to file incom			os, REMIC	s, and trusts			
Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpayer	identification numb	er (TIN)		
print	GLOBAL FOOTPRINT NETWORK,	INC.			73-167298	2		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1528 WEBSTER STREET, SUITE	ee instruc 11						
instructions	OAKLAND, CA 94612							
Enter the	Return Code for the return that this application is for (file	e a separa	ate application for each return)			0 1		
Applicat	ion	Return	Application			Return		
Is For		Code	Is For			Code		
	O or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990		02	Form 1041-A			08		
	20 (individual)	03	Form 4720 (other than individual)			09		
Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11								
Form 990-T (trust other than above) 06 Form 8870 12								
Telep	RACHEL ROBERTS ooks are in the care of ► 1528 WEBSTER ST hone No. ► 510-839-8879 organization does not have an office or place of business is for a Group Return, enter the organization's four digit	s in the Ur Group Exe	Fax No. \blacktriangleright $510-251-24$ nited States, check this box	10 f this is for	r the whole group, c			
the	equest an automatic 6-month extension of time until e organization named above. The extension is for the organization of time until \underline{X} calendar year $\underline{2019}$ or	NOVEI anization's	MBER 16, 2020 , to file s return for:		npt organization retu			
3a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less			_		
_	y nonrefundable credits. See instructions.			3a	\$	0.		
	his application is for Forms 990-PF, 990-T, 4720, or 6069					^		
_	timated tax payments made. Include any prior year overp			3b	\$	0.		
	lance due. Subtract line 3b from line 3a. Include your pa	•				0		
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.		
Caution: instruction	: If you are going to make an electronic funds withdrawal ons.	(direct de	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-EO fo	r payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

TAXABLE YEAR 2019

California Exempt Organization Annual Information Return

928941 12-04-19 FORM

199

Calendar Yea	2019 or fiscal year beginning (mm/dd/yyyy)	, and endir	ng (mm/dd/yyy	y)			
Corporation/O	ganization name		Calif	fornia corp	oration	number	
GLOBAL	FOOTPRINT NETWORK, INC.			2541	075	j	
Additional info	mation. See instructions.		FEI				
				73-1	672	1982	
	(suite or room)			PMB no.			
	EBSTER STREET, SUITE 11						
City	_		State	ZIP code			
OAKLAN			CA	9461			
Foreign countr	/ name Foreign province/s	tate/county		Foreign p	ostai co	ode	
A First Dat	rn Yes X N	1- 1	0.0) d al . la a a .			
A First Ret					-		٦ ٨٠٥
B Amende						701g? • Yes X	
	on 4947(a)(1) trust Yes X N	If "Yes," enter the gro					טאו ב
	Dissolved Surrendered (Withdrawn) Merged/Reorganized	L If organization is a pu	-				
	(mm/dd/yyyy)	Section 23701d and	-				
	counting method: (1) Cash (2) X Accrual (3) Other	box. No filing fee is re	-				
	eturn filed? (1) • 990T(2) • 990PF (3) • Sch H (990)						No
	Other 990 series	N Did the organization t					
	roup filing? See instructions • Yes X N					•	No
H Is this or	ganization in a group exemption	lo 0 Is the organization ur					
If "Yes," \	hat is the parent's name?	IRS audited in a prior					
		P Is federal Form 1023.				Yes X	No
	rganization have any changes to its guidelines	Date filed with IRS _					
	ted to the FTB? See instructions Yes X N						
Part I	omplete Part I unless not required to file this form. See General					F71 00	
	1 Gross sales or receipts from other sources. From Side 2, Par	t II, line 8			1	571,29	
	2 Gross dues and assessments from members and affiliates				2	286,47	00
Receipts	 Gross contributions, gifts, grants, and similar amounts receiv Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$50,000, see Gen 	/ed	SIMI	± ▼	3	857,77	
and				00	4	031,111	<u> </u>
Revenues	Cost of goods soldCost or other basis, and sales expenses of assets sold	• 6		00	1		
	7 Total costs. Add line 5 and line 6				7		00
	8 Total gross income. Subtract line 7 from line 4				8	857,77	
	9 Total expenses and disbursements. From Side 2, Part II, line				9	1,024,57	
Expenses	10 Excess of receipts over expenses and disbursements. Subtra				10	-166,80	7 00
	11 Total payments			•	11		00
	12 Use tax. See General Information K				12		00
	13 Payments balance. If line 11 is more than line 12, subtract lin				13		00
Filing Fee	14 Use tax balance. If line 12 is more than line 11, subtract line				14		00
	15 Filing fee \$10 or \$25. See General Information F				15	N/A	00
					16		00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract Under penalties of perjury, I declare that I have examined this return, including it is true, correct, and complete. Declaration of preparer (other than taxpayer) is	t line 11 from the result	atements, and to	the best o	17 my kn	owledge and belief,	00
Sign	it is true, correct, and complete. Declaration of preparer (other than taxpayer) is			ny knowled	lge.	,	
Here	Signature of officer	PRESIDENT	Date			• Telephone 510-839-887	۵
	of officer	LKESIDEMI				● PTIN	2
	Preparer's signature	08/12/	Check	if iployed	x	P00430440	
Paid	signature Firm's name	1 00/12/	20 3011 011	,,		● Firm's FEIN	
Preparer's	(or yours, PATRICIA A. WINTROATH (CPA					
Use Only	employed) 2121 N. CALIFORNIA BLVD					● Telephone	
	and address WALNUT CREEK, CA 94596	,				925-974-331	0
	May the FTB discuss this return with the preparer shown above? S	See instructions		•	Yes	No	

GLOBAL FOOTPRINT NETWORK, INC.

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

		1	Gross sales or receipts from all	busine	ss activities. See instruc	ctions			●	1		00
		2	Interest						• ∟	2	313	00
		3	Dividends						• ∟	3		00
Rece	ipts	4	Gross rents						• ∟	4		00
from		5	Gross royalties						• 📙	5	426	00
Other	.	6	Gross amount received from sa	lle of as	sets (See Instructions)				• ∟	6		00
Sour	es	7	Other income		,		SEE STA	TEMENT 2	•	7	570,558	
			Total gross sales or receipts fro			-				8	571,297	-
		9	Contributions, gifts, grants, and	i similai	r amounts paid				• ⊢	9		00
		10	Disbursements to or for memb Compensation of officers, direct	ers			CEE CUV	пемеип 3	··· •	0	112,570	00
		11	Other coloring and wages	tors, an	id trustees		SEE SIA	TEMENT 3	• -	1 2	333,517	
Expe			Other salaries and wages							3	333,317	00
and	1969		Interest Taxes						—	4	33,440	
Disbu	ırea.		Rents						—	5	38,883	
ment		16	Depreciation and depletion (Sec	instru	ctions)				—	6	10,292	
mone	"	17	Other Expenses and Disbursem	ents			SEE STA	TEMENT 4	··· • -	7	495,877	
		18	Total expenses and disbursem	ents. Ac	Id line 9 through line 17		here and on Side 1. P	art I. line 9	···	8	1,024,579	
Sch	edul				Beginning of					-	ole year	100
Asset	ts				(a)		(b)	(c)			(d)	
1 (ash						571,329			•	692,3	13
2 N	let acc	ounts	receivable							•	,	
			ceivable							•	,	
4	nvento	ries _.								•	,	
			state government obligations							•)	
			in other bonds							•)	
			in stock							•	1	
	/lortga	-								•	<u> </u>	
9 ()ther in	vestr	nents		E4 013			_	4 01	9	•	
10 8	Depr	eciab	le assets	/	54,013 29,501		24,512		4,01 ,793	۱ 2	14,2	20
			mulated depreciation		49,304		24,312	1 39	, 193	1 •		20
10 (allu Hara		STMT 5				648,026				204 5	159
12 1	ntal a	sscis ceate	DIIII J				1,243,867			+	1,098,2	
			et worth				1,245,007				1,000,2	
			yable				52,563			١.	68,2	72
			s, gifts, or grants payable									
			otes payable							•)	
			ayable							•)	
)ther lia											
19 (apital	stock	or principal fund							•	1	
			tal surplus. Attach reconciliation							•	,	
21 F	Retaine	d ear	nings or income fund				1,191,304			•	1,030,0	120
22 1	otal li	abilit	ies and net worth				1,243,867				1,098,2	<u> 192</u>
Sch	edul	e M					- 40 loos (1) ! !	н ФГО ООО				
			Do not complete this sch					<u> </u>		_		
			oer books		−166,	8U /	7 Income recorded			-		
			ne tax		• -		not included in the				•	
			pital losses over capital gains		•		8 Deductions in thi	•		H		
			recorded on books this year				1	ome this year		г		
			corded on books this year not this return				9 Total. Add line 7			}		
			tnis return ne 1 through line 5		-166,	807	10 Net income per r Subtract line 9 fr			H	-166,8	107
	otal. A	uu III	io i unougn iiile o		100,	507	Ountiact lille 3 II	om mio 0		···	100,0	

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	ST	ATEMENT	1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT	
MAVA STIFTUNG FUR NATURSCHUTZ	RUE MAUVERNEY 28 GLAND SWITZERLAND 1196	10/02/19	92,88	 5.
SAROSH KUMANA	639 MARTIS PEAK ROAD INCLINE VILLAGE, NV 89451	12/31/19	5,00	0.
PETER SEIDEL	5300 HAMILTON AVENUE, #1403 CINCINNATI, OH 45224	12/19/19	20,00	0.
NICHOLAS BENFEY CHARITABLE FUND	C/O CHARLES SCHWAB, 211 MAIN STREET SAN FRANCISCO, CA 94105	01/24/19	8,00	0.
TOTAL INCLUDED ON LINE	3		125,88	5 • ===
CA 199	OTHER INCOME	ST	ATEMENT	2
DESCRIPTION			AMOUNT	
GAIN (LOSS) ON EXCHANGE SERVICE FEES HONORARIA LICENSE FEES MISCELLANEOUS	E RATE ACCOUNT		-2,25 535,71 13,95 22,59 54	1. 8. 3.
TOTAL TO FORM 199, PAR	r II, LINE 7		570,55	8.

CA 199 COMPENSATION OF OFFICERS	S, DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
SUSAN BURNS 1528 WEBSTER STREET, SUITE 11 OAKLAND, CA 94612	DIRECTOR 1.00	0.
MATHIS WACKERNAGEL 1528 WEBSTER STREET, SUITE 11 OAKLAND, CA 94612	CHIEF EXECUTIVE OFFICER 40.00	112,570.
JULIA MARTON-LEFEVRE 1528 WEBSTER STREET, SUITE 11 OAKLAND, CA 94612	DIRECTOR 1.00	0.
LYNDA MANSSON 1528 WEBSTER STREET, SUITE 11 OAKLAND, CA 94612	SECRETARY 1.00	0.
SAROSH KUMANA 1528 WEBSTER STREET, SUITE 11 OAKLAND, CA 94612	DIRECTOR 1.00	0.
KEITH TUFFLEY 1528 WEBSTER STREET, SUITE 11 OAKLAND, CA 94612	PRESIDENT 1.00	0.
DANIEL GOLDSCHEIDER 1528 WEBSTER STREET, SUITE 11 OAKLAND, CA 94612	TREASURER 1.00	0.
SANDRA BROWNE 1528 WEBSTER STREET, SUITE 11 OAKLAND, CA 94612	DIRECTOR 1.00	0.
ALEXA FIRMENICH 1528 WEBSTER STREET, SUITE 11 OAKLAND, CA 94612	DIRECTOR 1.00	0.
TOTAL TO FORM 199, PART II, LINE 11		112,570.

CA 199	OTHER EXPENSES		STATEMENT	4
DESCRIPTION			AMOUNT	
DIRECT PROGRAM EXPENSES			210,25	
COMPUTER EXPENSES			48,02	
BANK FEES & CHARGES TELEPHONE			5,71 78	13. 34.
OTHER EMPLOYEE BENEFITS			22,28	
MANAGEMENT FEES LEGAL FEES			12,86 2,23	
ACCOUNTING FEES			13,68	
OTHER PROFESSIONAL FEES			154,90	03.
OFFICE EXPENSES TRAVEL			3,60 14,18	
INSURANCE			6,64	
ALL OTHER EXPENSES			7()5.
TOTAL TO FORM 199, PART II, LINE	17		495,87	77.
CA 199	OTHER ASSETS		STATEMENT	 5
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
PLEDGES AND GRANTS RECEIVABLE		512,377.	260,59	99.
PREPAID EXPENSES AND DEFERRED CHA	RGES	19,981.	24,51	L2.
DEPOSITS GENEVA GIFT TO BE TRANSFERED		9,020. 106,648.	106,64	0. 18.
CHALVA CITT TO BE TRANSPERED				
TOTAL TO FORM 199, SCHEDULE L, LI	NE 12	648,026.	391,75	59 . ——
CA 199	FUND BALANCES		STATEMENT	
DESCRIPTION		BEG. OF YEAR	END OF YEA	AR
NET ASSETS WITHOUT DONOR RESTRICT	IONS	728,792.	1,014,33	37.
NET ASSETS WITH DONOR RESTRICTION	S	462,512.	15,68	33.
TOTAL TO FORM 199, SCHEDULE L, LI	NE 21	1,191,304.	1,030,02	20.

2019

Corporation Depreciation and Amortization

CALIFORNIA FORM

FORM 199 FEIN 73-1672982 Attach to Form 100 or Form 100W. Corporation name California corporation number 2541075 GLOBAL FOOTPRINT NETWORK, INC. Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California \$25,000 2 Total cost of IRC Section 179 property placed in service 2 3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$200,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-5 (a) Description of property (b) Cost (business use only) 6 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from prior taxable years 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (f) Life or (b) (c) (d) (g) Depreciation (e) (h) Description of property Date acquired Depreciation allowed or Cost or Additional Depreciation for this year (mm/dd/yyyy) other basis rate first year depreciation allowable in earlier years method SEE STATEMENT 54.013. 29,501. 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. 10,292 See instructions for line 14, column (h) 15 Part III Summary 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g) 10,292 16 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation 0 amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (g) Amortization (e) R&TC (a) Description of property (b) (d) (c) Date acquired Cost or Amortization allowed or Period or Section (mm/dd/yyyy) other basis allowable in earlier years percentage for this year see instructions 20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12

CA 3885			DEPRE	CIATION			STATEM	IENT 7
ASSET DESCRI	•	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1	QUICKBOO	OKS SOFTWARE						
		08/22/14	2,550.	2,550.	SL	3.00	0.	
2	COMPUTER	EQUIPMENT						
		03/10/16	19,703.	14,776.	SL	5.00	3,940.	
3	WEBSITE							
		03/07/16	15,430.	5,915.	SL	5.00	3,086.	
4	WEBSITE							
		12/21/16	10,801.	4,140.	SL	5.00	2,160.	
5	WEBSITE							
		01/24/17	5,529.	2,120.	SL	5.00	1,106.	
TOTAL	TO FORM	3885	54,013.	29,501.			10,292.	

Sign Here

Date Acce	pted		

TAXABLE YEAR

California e-file Return Authorization for **Exempt Organizations**

FORM

Exempt Organization name	Identifying number
GLOBAL FOOTPRINT NETWORK, INC.	73-1672982
Part I Electronic Return Information (whole dollars only)	
1 Total gross receipts (Form 199, line 4)	1 857,772
2 Total gross income (Form 199, line 8)	2 857,772
3 Total expenses and disbursements (Form 199, line 9)	
Part II Settle Your Account Electronically for Taxable Year 2019	
4 Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/y	
Part III Banking Information (Have you verified the exempt organization's banking information?)	
5 Routing number	
6 Account number 7 Type of account: Checking	g Savings
Part IV Declaration of Officer	
I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic fu on line 4a. Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my ele transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the	ectronic return originator (ERO), e exempt organization's 2019
California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organiorganization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return an statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organidelayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.	ization's fee liability, the exempt d accompanying schedules and

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

PRESIDENT

ERO	ERO's- signature		Date	Check if also paid preparer		Check if self- employe	77	ERO's PTIN	
Must	Firm's name (or yours if self-employed)	PATRICIA A. WINTROATH					Firm's FEI	N	
Sign	and address	2121 N. CALIFORNIA BLVD	., SUITE	290					_
		WALNUT CREEK, CA					ZIP code	94596	
Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge									

and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date Check if self- employed X	Paid preparer's PTIN P00430440
Must	Firm's name (or yours if self-employed)	PATRICIA A. WINTROATH, CPA	Firm's FEIN
Sign	and address	2121 N. CALIFORNIA BLVD., SUITE 290	
		WALNUT CREEK, CA	ZIP code 94596

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2019

DEPARTMENT OF JUSTICE PAGE 1 of 5

(For Registry Use Only)

STATE OF CALIFORNIA RRF-1 ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA Section 12586 and 12587, California Government Code

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916)210-6400

(Rev. 09/2017)

WEBSITE ADDRESS: www.oag.ca.gov/charities

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

11 Cal. Code Regs. section 301-307, 311 and 312

	Check if:			
GLOBAL FOOTPRINT NETWORK, INC.		nge of address ended report		
Name of Organization		·		
List all DBAs and names the organization uses or has used		100515		
1528 WEBSTER STREET, SUITE 11 Address (Number and Street)	State Cha	rity Registration Number CT 123517		—
OAKLAND, CA 94612 City or Town, State, and ZIP Code RACHEL • ROBERTS@FOOTPRIN	Corporation	on or Organization No. 2541075		
510-839-8879 TNETWORK.ORG	Federal Er	mployer ID No. 73-1672982		
Telephone Number E-mail Address ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal.	Code Regs	s sections 301-307 311 and 312)		
Make Check Payable to Departn				
Gross Annual Revenue Fee Gross Annual Revenue Less than \$25,000 0 Between \$100,001 and \$250,000	<u>Fee</u> \$50	Gross Annual Revenue Between \$1,000,001 and \$10 million	<u>Fee</u>	_
Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million		Between \$10,000,001 and \$50 million Greater than \$50 million	\$22 \$30	25
PART A - ACTIVITIES		Greater trian 400 million		
For your most recent full accounting period (beginning $01/01/20$)	19_ endi	ing 12/31/2019) list:		
Gross Annual Revenue\$ 857,772 Noncash Contributions\$		0 Total Assets \$ 1,09 enses \$ 1,09	8,2	92
Program Expenses \$ 879,022	Total Expe	nses \$ 1,024,579		
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD (OF THIS RE	PORT		
Note: All questions must be answered. If you answer "yes" to any of the ques providing an explanation and details for each "yes" response. Please re			Yes	No
During this reporting period, were there any contracts, loans, leases or other fi and any officer, director or trustee thereof, either directly or with an entity in w any financial interest?				х
2. During this reporting period, was there any theft, embezzlement, diversion or r or funds?	misuse of th	e organization's charitable property		х
3. During this reporting period, were any organization funds used to pay any pen	nalty, fine or	judgment?		х
4. During this reporting period, were the services of a commercial fundraiser, fun commercial coventurer used?	idraising cou	unsel for charitable purposes, or		х
5. During this reporting period, did the organization receive any governmental fur	nding?			Х
6. During this reporting period, did the organization hold a raffle for charitable pu	irposes?			х
7. Does the organization conduct a vehicle donation program?				Х
8. Did the organization conduct an independent audit and prepare audited finance generally accepted accounting principles for this reporting period?	cial stateme	nts in accordance with	Х	
9. At the end of this reporting period, did the organization hold restricted net ass	sets, while re	eporting negative unrestricted net assets?		Х
I declare under penalty of perjury that I have examined this report, including an and belief, the content is true, correct and complete, and I am authorized to significant to the content is true.		ng documents, and to the best of my kno	wled	ge
MATHIS WACKERNAGEL	Þ	RESIDENT		
Signature of Authorized Agent Printed Name	Tit			