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

Do not enter social security numbers on this form as it may be made p ► Go to www.irs.gov/Form990 for instructions and the latest information

Department of the Treasury Internal Revenue Service

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OMB No. 1545-0047

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Α	For th	e 2021 calendar year, or tax year beginning and e	ending	_	
В	Check if applicat	le: C Name of organization		D Employer identific	cation number
Σ	Δ Chan	Footprint Project			
	Name	pe Doing business as		82-49764	81
	Initial return Final	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	E Telephone number 612-701-	
	return termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	534,354.
	Amer returr	ded Eagan MN 55122		H(a) Is this a group re	
	Appli tion	F Name and address of principal officer: James Ladner		for subordinates	
	pend	^{ng} same as C above		H(b) Are all subordinates in	icluded? Yes No
Т	Tax-e>	empt status: 🗴 501(c)(3) 🔲 501(c) ()◀ (insert no.) 🗌 4947(a)(1) o	or 527	1	list. See instructions
-		_{te:} ▶ www.footprintproject.org		H(c) Group exemption	n number 🕨
К	Form o	f organization: 🔀 Corporation 🔄 Trust 🔄 Association 📃 Other 🕨	L Year	of formation: 2018 N	State of legal domicile: MN
Ρ	art I	Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: To pr communities in crisis.	rovide	cleaner en	ergy for
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	3
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)			3
es	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
viti	6	Total number of volunteers (estimate if necessary)			100
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		200,960.	505,872.
Revenue	9	Program service revenue (Part VIII, line 2g)		46,238.	12,182.
se v	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		35,000.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	16,300.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		282,198.	534,354.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm}$		0.	91,695.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
, N	b	Total fundraising expenses (Part IX, column (D), line 25) 7,75		276 420	400 107
ш	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		276,439.	402,107.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		276,439.	493,802.
	19	Revenue less expenses. Subtract line 18 from line 12		5,759.	40,552.
ts or				ginning of Current Year	End of Year
Bala	20	Total assets (Part X, line 16)		55,802. 35,400.	<u>111,376.</u> 44,111.
Net Assets	21	Total liabilities (Part X, line 26)		20,402.	67,265.
		Net assets or fund balances. Subtract line 21 from line 20		20,402.	07,203.

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

Sign Here	Signature of officer James Ladner, Board Me	ember	Date				
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check				
Paid	Steven D. Anseth, CPA	Steven D. Anseth,					
Preparer	Firm's name 🕨 Abdo LLP	Firm's EIN	▶ 41-1397419				
Use Only	Firm's address ⊾ 5201 Eden Ave St	e 250					
	Edina, MN 55436 Phone no.952.835.9090						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No						
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)						
	7						

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Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Provide cleaner energy for communities in crisis, using	
	systems, recovering functional solar panels, training 1	
	partnership with the private sector, civil society, and	government.
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X
	prior Form 990 or 990-EZ?	
~	If "Yes," describe these new services on Schedule O.	Yes X
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as	a maggurad by avagage
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	,
	revenue, if any, for each program service reported.	ers, the total expenses, and
4a	(Code:) (Expenses \$384,394. including grants of \$) (Revention	nue \$ 28,482
ти	We activated our mobile solar generators for 7 disaster	
	deployments included the Texas Winter Storms, Hurricane	
	Kentucky Winter Tornadoes. We also built 5 new communit	
	generators in disaster prone regions and trained local	
	deployment.	-
4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$
	, (,), (
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$
4d	Other program services (Describe on Schedule O.)	,
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 384,394.	
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11	8 100 750402 42406 2021 05000 Rectaring Decis	40400
41	109 759492 42496 2021.05000 Footprint Project	42496

Form 990 (2021) Footprint Project
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)?		37	
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	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			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	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			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	46		x
47		16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</i> . See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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
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 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 4 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	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	- 15		
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 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		X
28	Was the organization a party to a business transaction with one of the following parties (see the 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		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c	v	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		_ <u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	20		x
22	Schedule N, Part II	32		- 23
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	22		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		x
35 a	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	000		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		├── ─
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0		<u> </u>
ти	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	Ha		
a				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		└───
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ĺ
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of qualined intellectual property, did the organization increation file a Form 1098-C?	79 7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
0		0		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a Oh		├───
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.	10		
17				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47		1
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	For	000	(2004)
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Check if Schedule O contains a response or note to any line in this Part VI

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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.

		1.1	2	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	3		
	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.				
	Enter the number of voting members included on line 1a, above, who are independent		3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				v
~	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				x
4	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		-		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's a		6		X
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or		0		
1a	more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		14		
~	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y				
	The governing body?		8a	x	
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 re				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal				
				Yes	No
0a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe			
	on Schedule O how this was done		12c	X	
3	Did the organization have a written whistleblower policy?		13	X	
4	Did the organization have a written document retention and destruction policy?		14	X	
5	Did the process for determining compensation of the following persons include a review and appro				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?			
	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang		10		x
	taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	· ·			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		104		
<u>}ec</u>	exempt status with respect to such arrangements?		16b	I	
7	List the states with which a copy of this Form 990 is required to be filed MN				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (section 501(a)(3)s only) avail	ahle
	for public inspection. Indicate how you made these available. Check all that apply.		e,e orny	, avai	2015
		in on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	,	nd fina	ncial	
	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 b	books and records			
-	Will Heegaard - 612-701-5400				
	P.O. Box 22068, Eagan, MN 55122				
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Form 990 (2021)	Footprint Project	82-4976481	Page 7				
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							
de Complete this table for all severes your include he listed. Deserve experiention for the colorador your andies with a warring to the complete table to the							

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

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, 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.

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

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

(3) James Ladner 4.00 X 0. 0. 0. 0. Board Member 4.00 X 0. 0. 0. 0. 0. Board Member X 0. 0. 0. 0. 0. 0. Board Member X 0. 0. 0. 0. 0. 0. Image: State Stat	(A)	(B)			(0	C)			(F)		
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Pa	rt VII	Section A. Officers, Directors, (A)		/ Emp	oloy	ees,			ghe	st C						
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	990 (2021) Footprint Pr			82-49	76481 Page 10
	rt IX Statement of Functional Expens				
Secti	ion 501(c)(3) and 501(c)(4) organizations must com		-		
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(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				
•	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	54,000.		54,000.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	F	17,108.	15,500.	1,608.	
7 8	Other salaries and wages Pension plan accruals and contributions (include	1,100.	10,000.	±,000•	
	section 401(k) and 403(b) employer contributions)	12 140		12 140	
9	Other employee benefits	13,140.		13,140.	
0	Payroll taxes	7,447.		7,447.	
1	Fees for services (nonemployees):		1 011	2 4 4 2	
а	Management	4,660.	1,211.	3,449.	
b	Legal	1,841.	478.	1,363.	
С	Accounting	6,374.	1,656.	4,718.	
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,	20 616	00 500	0.016	
	column (A), amount, list line 11g expenses on Sch 0.)	32,616.	29,700.	2,916.	2 5 0 0
2	Advertising and promotion	4,938.	1,150.	286.	3,502
3	Office expenses	9,163.	4,707.	4,456.	
4	Information technology				
5	Royalties				
6	Occupancy	10.100	10.100		
7	Travel	18,160.	18,160.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	94,254.	92,117.	690.	1,447
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	7,576.		7,576.	
24	Other expenses. Itemize 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 0.)				
а	Supplies and Equipment	222,340.	219,715.		2,625
b c	Meals and Entertainment	185.			185
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	493,802.	384,394.	101,649.	7,759
25	loint costs. Complete this line only if the organization		551,551.		,,,,,

16341109 759492 42496

Check here

132010 12-09-21

 $\ensuremath{\text{Joint costs}}$. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

26

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

Form 990 (2021)

Part X Balance Sheet

(A) (B) Beginning of year End of year 68,121. 22,458. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 2,573. 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 10,000. 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 31,330. basis. Complete Part VI of Schedule D 10a 1,675. 33,344. 29,655. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 0. 1,027. 15 15 55,802. 111,376. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 711. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 35,400. 43,400. 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 35,400. 44,111. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🛛 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 20,402. 67,265. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗋 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 20,402. 67,265. Total net assets or fund balances 32 32 55,802. 111,376. 33 33 Total liabilities and net assets/fund balances ...

82-4976481 Page 11

Form 990 (2021)

Form	1990 (2021) Footprint Project	82-4976	5481	Pa	ge 12			
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			54.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			02.			
3	Revenue less expenses. Subtract line 2 from line 1	3			52. 02.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5						
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	(6,3	11.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	6	7,2	65.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 💭 Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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	te 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 the	ie 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 Schedule O.							
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
				000				

Form **990** (2021)

132012 12-09-21

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

Name	of the	organization
------	--------	--------------

Nam	e of t	he organization	print Proj	oat					2-4976481	۶r			
Pa	41	Reason for Public			omploto ti	hia nart) C	`aa inatrustiar		2-49/0401	_			
								IS.					
	organ	ization is not a private found											
1		A church, convention of ch				on 170(b)([.]	1)(A)(i).						
2		A school described in sect											
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).						
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental i	unit describ	bed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).						
7		An organization that norma	Illy receives a substa	Intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in				
		section 170(b)(1)(A)(vi). (C			U U			0					
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org				ed in coniu	unction with a	land-grant	college				
•		or university or a non-land-g											
		university:	graine contogo or agrio			name, en	y, and state s	r the coneg					
10	X	An organization that norma	Illy receives (1) more	than 33 1/3% of its sun	port from	contributio	ns members	hin fees a	nd aross receipts from	_			
10													
		activities related to its exen								,L			
		income and unrelated busin		(less section 511 tax) in	om busine	esses acqu	lifed by the of	ganization	alter June 30, 1975.				
		See section 509(a)(2). (Con	. ,	i velu te test feu sublis se	fatu Caa		O(-)(4)						
11		An organization organized a	-	•	-								
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 on											
		lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.											
а		Type I. A supporting orga											
		the supported organization			a majority	of the dire	ctors or truste	ees of the s	supporting				
		organization. You must o											
b		Type II. A supporting org											
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported				
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally interpretent of the second	grated. A supporting	g organization operated	in connec	tion with,	and functiona	lly integrate	ed with,				
		its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection \	with its suppo	rted organi	zation(s)				
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness				
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III					
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.							
f	Ente	er the number of supported of	organizations										
		vide the following information											
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	f monetary	(vi) Amount of other	_			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions	3)			
										-			
										-			
										_			
Tota													

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132021 01-04-22

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Schedule A ($\gamma \gamma $
Schedule A (FOUU 990	JI ZUZ I

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 \dots						
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.						
Se	ction B. Total Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
_	organization, check this box and stor	here					
	ction C. Computation of Publ						
	Public support percentage for 2021 (14	%
	Public support percentage from 2020					15	%
16 a	33 1/3% support test - 2021. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
178	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	•		,	•		
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the				• •		
40	organization meets the facts-and-circ						
18	Private foundation. If the organization	m did not check a	box on line 13, 16	a, 160, 17a, or 17	D, CHECK THIS DOX a		(Eorm 990) 2021

Schedule A (Form 990) 2021

132022 01-04-22

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.)

Secti	on A. Public Support						
Calend	ar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 G	ifts, grants, contributions, and						
	nembership fees received. (Do not						
in	clude any "unusual grants.")			37,754.	200,960.	400,043.	638,757.
m fo ar	ross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the rganization's tax-exempt purpose			72,084.	81,238.	5,829.	159,151.
3 G	ross receipts from activities that						
ar	re not an unrelated trade or bus-						
in	ess under section 513						
4 Ta	ax revenues levied for the organ-						
iz	ation's benefit and either paid to						
01	r expended on its behalf						
5 TI	he value of services or facilities						
fu	rnished by a governmental unit to						
th	ne organization without charge						
6 T	otal. Add lines 1 through 5			109,838.	282,198.	405,872.	797,908.
7a A	mounts included on lines 1, 2, and						
3	received from disqualified persons				14,000.		14,000.
fro ex	mounts included on lines 2 and 3 received on other than disqualified persons that ceed the greater of \$5,000 or 1% of the						0
	nount on line 13 for the year				14,000.		14,000.
	dd lines 7a and 7b				14,000.		783,908.
	ublic support. (Subtract line 7c from line 6.)						105,500.
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	mounts from line 6	(a) 2017	(b) 2018	109,838.	282,198.	405,872.	797,908.
10a G di se	iross income from interest, ividends, payments received on ecurities loans, rents, royalties, nd income from similar sources						
b U	nrelated business taxable income						
``	ess section 511 taxes) from businesses						
ac	cquired after June 30, 1975						
c A	dd lines 10a and 10b						
ac w	et income from unrelated business ctivities not included on line 10b, thether or not the business is egularly carried on						
01	ther income. Do not include gain r loss from the sale of capital						
	ssets (Explain in Part VI.) otal support. (Add lines 9, 10c, 11, and 12.)			109,838.	282,198.	405,872.	797,908.
14 Fi	irst 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third	, fourth, or fifth tax	year as a section 5	501(c)(3) organizati	on,
cł	heck this box and stop here	-			-		>
Secti	on C. Computation of Publ	ic Support Pe	rcentage				
15 P	ublic support percentage for 2021 (line 8, column (f), d	livided by line 13,	column (f))		15	98.25 %
	ublic support percentage from 2020					16	%
Secti	on D. Computation of Inve	stment Incom	e Percentage)			
17 In	vestment income percentage for 20)21 (line 10c, colun	nn (f), divided by	line 13, column (f))		17	.00 %
18 In	vestment income percentage from	2020 Schedule A, I	Part III, line 17			18	%
19a 33	3 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
m	nore than 33 1/3%, check this box a	nd stop here. The	organization qual	lifies as a publicly s	upported organiza	ition	► X
b 3	3 1/3% support tests - 2020. If the	organization did n	ot check a box o	n line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	and
lir	ne 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies a	s a publicly suppo	orted organization	
20 P	rivate foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check th	nis box and see ins	structions	▶∟
132023	01-04-22			21		Schedule A	(Form 990) 2021

16341109 759492 42496

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and ElN 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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.)

132024 01-04-21

Schedule A (Form 990) 2021

	(Form 990) 2021	Footprint	
Part IV	Supporting Org	janizations _{(continuec}	d)

1

2

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body members of the governing body officers acting in their official capacity, or membership of one or			

bid the governing body, members of the governing body, oncers acting in their official capacity, of membership of one of
more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
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 officers, directors, or trustees were allocated among the
supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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.

Section 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		
Se	ection D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	sfy the Integral Part Test during the yea (see instructions)

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a 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? *If* "Yes" or "*No*" provide details in **Part VI.**
- **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.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

132025 01-04-22

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Schedule A (Form 990) 2021 Footprint Project Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

	rt V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify		Part VI). See instructio	
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	i
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-function	ally integrate	d Type III supporting or	anization (see

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

Schedule A (Form 990) 2021

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continuea}	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.		(6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive		·	
•	(provide details in Part VI). See instructions.	ne erganization le reepener		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			0	
10		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021		Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
-	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2021, if				
Ū	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020 Excess from 2021				
e					

Schedule A (Form 990) 2021

line 1; Part IV, Section D, lines 2 a Section D, lines 5, 6, and 8; and F (See instructions.)	3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Part V, Section E, lines 2, 5, and 6. Also complete this part for any additi	v, Section B, line 1e; Part V onal information.
. ,		
32028 01-04-22	26	Schedule A (Form 990)
41109 759492 42496	2021.05000 Footprint Project	42496_

	_	_		-			
SCHEDULE D Supplementa						OMB No. 1	545-0047
(Fori	n 990)	Complete if the org	anization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				21
	ment of the Treasury		Attach to Form 990).			Public
	al Revenue Service	Go to www.irs.gov/Form9	90 for instructions	and the latest information	1	Inspect over identification	
Nam	e of the organization	Footprint Project				82-4976	
Pa	rt I Organizatio	ns Maintaining Donor Advise	ed Funds or Oth	er Similar Funds or A	Account		
	organization and	swered "Yes" on Form 990, Part IV, lir					
			(a) Donor ac	lvised funds	(b) Funds	and other acco	unts
1		f year					
2		ntributions to (during year)					
3 4		nts from (during year) d of year					
5		form all donors and donor advisors in		ts held in donor advised fu	nds		
•	-	property, subject to the organization's	-			Yes	No No
6		form all grantees, donors, and donor a					
	for charitable purposes	s and not for the benefit of the donor o	or donor advisor, or f	or any other purpose confe	rring		
	impermissible private b					Yes	No No
		on Easements. Complete if the org	-		/, line 7.		
1		ation easements held by the organizat	· ·				_
	Protection of nat	and for public use (for example, recrea	ation or education)	Preservation of a hist	,		a
	Preservation of c				lineu histo	ne structure	
2		ugh 2d if the organization held a quali	fied conservation co	ntribution in the form of a c	onservatio	on easement on	the last
	day of the tax year.					eld at the End of t	
а	Total number of conse	rvation easements			2a		
		d by conservation easements		2b			
		on easements on a certified historic str			2c		
d		on easements included in (c) acquired					
2		egister			2d		
3	year	on easements modified, transferred, re	leased, extinguished	a, or terminated by the orga	nization d	uning the tax	
4		re property subject to conservation ea	sement is located	•			
5		have a written policy regarding the pe					
	violations, and enforce	ment of the conservation easements i	t holds?	-		Yes	No No
6		urs devoted to monitoring, inspecting,					year
	►						
7		ncurred in monitoring, inspecting, hand	dling of violations, ar	nd enforcing conservation e	asements	during the year	
0	►\$	on easement reported on line 2(d) abo	vo action the require	manta of postion $170(h)(4)($			
8		3)(ii)?	•			Yes	No
9		ow the organization reports conservat					
		lude, if applicable, the text of the foot					
		ing for conservation easements.	-				
Pa		ns Maintaining Collections o		-	Similar	Assets.	
		organization answered "Yes" on Form					
1a	0	ted, as permitted under FASB ASC 95	, I				
		res, or other similar assets held for pul			ance of pu	JIIGL	
h		t XIII the text of the footnote to its fina ted, as permitted under FASB ASC 95			ce sheet w	vorks of	
IJ		s, or other similar assets held for public					
		mounts relating to these items:	, coocaci	,	. 1	· ,	
		on Form 990, Part VIII, line 1			. 🕨 \$		
	(ii) Assets included in				N .		
2	-	eived or held works of art, historical tre		-	, provide		
		required to be reported under FASB A	ASC 958 relating to t	hese items:	• •		
2	Revenue included on F	Form 990 Part VIII line 1			S		

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

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b Assets included in Form 990, Part X

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27 2021.05000 Footprint Project Schedule D (Form 990) 2021

\$

	dule D (Form 990) 2021 Footpri	nt Project		Treasures o	r Other 9			Page 2
3	Using the organization's acquisition, access							ueu)
3	collection items (check all that apply):	ion, and other record	us, check any of	the following that	make sign			
а	Public exhibition			exchange prograr	m			
b	Scholarly research	e		exchange program				
c	Preservation for future generations	C C						
4	Provide a description of the organization's c	ollections and explai	n how they furth	er the organizatio	n's evemn	t nurnose in Par	+ XIII	
5	During the year, did the organization solicit of						. 7.111.	
Ŭ	to be sold to raise funds rather than to be m						Yes	
Par	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pa			ation answered		ini 550, i aitiv,	1110 0, 01	
1a	Is the organization an agent, trustee, custod		diary for contribu	tions or other ass	ets not inc	luded		
iu	on Form 990, Part X?						Yes	
h	If "Yes," explain the arrangement in Part XIII					······		
D		and complete the le	nowing table.				Amount	
c	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
f	Ending balance					le 1f		
	Did the organization include an amount on F						Yes	No
	If "Yes," explain the arrangement in Part XIII				-			
Par								
		(a) Current year	(b) Prior year			Three years back	(e) Four	years back
1a	Beginning of year balance					,	. ,	, ,
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
	Other expenditures for facilities							
e								
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the cur		l ce (line 1 a. colum	n (a)) held as:				
	Board designated or quasi-endowment	Tent year end balanc	%	in (a)) neiù as.				
	Permanent endowment	%	/0					
		%						
C	The percentages on lines 2a, 2b, and 2c sho	· -						
30	Are there endowment funds not in the posse	-	ation that are be	d and administor	od for tha	organization		
Ja		ession of the organiz	allon that are ne			organization	Г	Yes No
	by:							
	(i) Unrelated organizations							
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organization of the related organization organization of the related organization of the related organization of the related organization organization organization organization org	ationa liatad aa raqui	rad on Sabadula	20			3a(ii) 3b	
				n (30	
4 Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipn		owment lunds.					
1 0	Complete if the organization answere		0 Part IV line 11	a See Form 990	Part X line	a 10		
	· •							
	Description of property	(a) Cost or o basis (investr		ost or other sis (other)	(c) Accu depred		(d) Book	value
4.0	Land				depied			
	Land							
	Buildings							
	Leasehold improvements			31,330.		1,675.	20	9,655.
	Equipment			JI, JJU.		<u>-,,,,,</u>	43	,,000.
	Other		V ashiri (D) "	10=)		<u> </u>	20	0,655.
Iota	. Add lines 1a through 1e. (Column (d) must e	equai ⊢orm 990, Part	х, coiumn (B), lii	ie IUC.)		🕨 📘	43	,,000.

Schedule D (Form 990) 2021

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	•	·	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 000 Dort IV/ line	11d See Form 000 Dart V line 15	
-	Description	The See Form 990, Part A, line 13.	(b) Book value
	Description		(b) BOOK Value
(1)			
(2)			
(2)			
(3)			
(3) (4)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"		▶ 11e or 11f. See Form 990, Part X, line 25.	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"		11e or 11f. See Form 990, Part X, line 25.	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability		11e or 11f. See Form 990, Part X, line 25.	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes		11e or 11f. See Form 990, Part X, line 25.	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)		11e or 11f. See Form 990, Part X, line 25.	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)		11e or 11f. See Form 990, Part X, line 25.	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (8)		11e or 11f. See Form 990, Part X, line 25.	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line		

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 Footprint Project		82-4976481 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Rev	enue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial State		enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	rt XIII Supplemental Information.		

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20

Employer identification number 82-4976481

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

Name of the	organization
-------------	--------------

Footprint Project

Pai	rt I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of contributions or	Noncash contril amounts report		Method of de noncash contribu		•	to.
		applicable		Form 990, Part VII		HOHCASH CONTINUE	niona	nount	.5
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts			100					
25	Other (Solar Generat)	Х	1	100	,000.	РМV			
26	Other ()								
27	Other ()								
28	Other 🕨 ()								
29	Number of Forms 8283 received by the organiz								
	for which the organization completed Form 828	33, Part V, I	Donee Acknowledg	jement	29				·
								Yes	No
30a	During the year, did the organization receive by								
	must hold for at least three years from the date		,						v
	exempt purposes for the entire holding period?	,					30a		X
	If "Yes," describe the arrangement in Part II.			,				v	
31	Does the organization have a gift acceptance p					tions?	31	X	
32a	Does the organization hire or use third parties of		•						v
	contributions?						32a		X
	If "Yes," describe in Part II.		u a huma a f		(-):	- ll			
33	If the organization didn't report an amount in c	oiumn (c) fo	r a type of propert	y for which column	(a) is che	cked,			
	describe in Part II.								

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

Schedule M (Form 990) 2021

132141 11-17-21

Schedule M (Form 990) 2021 「COCDI	int Project	
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Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M, Part I, Column (b):

Part II

Number of contributions is per instance of donation

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990) 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 82 - 4976481

Footprint Project

Form 990, Part VI, Section B, line 11b:

The Board reviews and approves the Form 990 prior to filing.

Form 990, Part VI, Section B, Line 12c:

The Board reviews annually and votes to amend the policy if needed.

Form 990, Part VI, Section C, Line 19:

The Organization's governing documents, conflict of interest policy and

financial statements are made available to the public upon request.

Page 12, Part XI, Line 9

Change in net assets from prior year.

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