

BIO-DYNAMIC FARMING AND GARDENING
ASSOC., INC.

14-1377504

Part II Statement of Functional Expenses		All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.			
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$ 25,000. noncash \$	22 25,000.	25,000.	STATEMENT 4	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 46,000.	23,000.	23,000.	0.
26	Other salaries and wages	26 35,550.	17,775.	17,775.	
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 11,244.	5,622.	5,622.	
30	Professional fundraising fees	30			
31	Accounting fees	31 4,701.		4,701.	
32	Legal fees	32 3,696.		3,696.	
33	Supplies	33 6,375.		6,375.	
34	Telephone	34 14,139.	10,604.	3,535.	
35	Postage and shipping	35 3,325.	2,993.	332.	
36	Occupancy	36 10,474.	5,237.	5,237.	
37	Equipment rental and maintenance	37 2,456.	2,456.		
38	Printing and publications	38 40,215.	40,215.		
39	Travel	39			
40	Conferences, conventions, and meetings	40 38,644.	23,715.	14,929.	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42 26,810.	26,810.		
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 3	43e 83,206.	42,836.	38,785.	1,585.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 351,835.	226,263.	123,987.	1,585.

Joint Costs Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? TO PROMOTE BIO-DYNAMIC FARMING AND GARDENING METHODS.	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a EDUCATION AND RESEARCH - TO SPREAD THE KNOWLEDGE OF BIO-DYNAMIC METHODS THROUGH LECTURES AND CONFERENCES AND TO ESTABLISH RESEARCH AND INFORMATION CENTERS. (Grants and allocations \$ 25,000.)	162,333.
b MAGAZINE PRINTING, EDITING, PRODUCTION AND DISTRIBUTION OF BIO-DYNAMIC JOURNALS AND PROMOTIONAL ITEMS CONTAINING CURRENT ARTICLES AND DISCOVERIES IN THE BIO-DYNAMIC METHODS. (Grants and allocations \$)	40,215.
c EXTENSION SERVICE - CONSULTATIONS WITH FARMERS TO EDUCATE AND PROMOTE THE BIO-DYNAMIC METHOD OF AGRICULTURE, HORTICULTURE, AND FORESTRY. (Grants and allocations \$)	23,715.
d	
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	226,263.

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Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	43,585.	45	30,793.	
	46 Savings and temporary cash investments	28,200.	46	23,619.	
	47 a Accounts receivable	9,002.			
	47a				
	b Less: allowance for doubtful accounts	3,500.	13,935.	47c	5,502.
	47b				
	48 a Pledges receivable				
	48a				
	b Less: allowance for doubtful accounts			48c	
	48b				
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable	167,399.			
	51a				
b Less: allowance for doubtful accounts STMT 5		248,108.	51c	167,399.	
51b					
52 Inventories for sale or use		136,075.	52	125,310.	
53 Prepaid expenses and deferred charges		4,410.	53	3,442.	
54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
55 a Investments - land, buildings, and equipment: basis					
55a					
b Less: accumulated depreciation			55c		
55b					
56 Investments - other			56		
57 a Land, buildings, and equipment: basis	798,186.				
57a					
b Less: accumulated depreciation STMT 6	65,641.	757,310.	57c	732,545.	
57b					
58 Other assets (describe ▶ _____)			58		
59 Total assets (add lines 45 through 58) (must equal line 74)		1,231,623.	59	1,088,610.	
Liabilities	60 Accounts payable and accrued expenses	34,875.	60	22,460.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe ▶ _____)		65		
66 Total liabilities (add lines 60 through 65)		34,875.	66	22,460.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	1,179,158.	67	1,053,189.	
	68 Temporarily restricted	17,590.	68	12,961.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,196,748.	73	1,066,150.	
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		1,231,623.	74	1,088,610.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	327,750.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	STMT 7 \$ 106,513.		
	Add amounts on lines (1) through (4)	b	106,513.
c	Line a minus line b	c	221,237.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	221,237.

a	Total expenses and losses per audited financial statements	a	458,348.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	STMT 8 \$ 106,513.		
	Add amounts on lines (1) through (4)	b	106,513.
c	Line a minus line b	c	351,835.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	351,835.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>ERNIE HARVEY</u> 2533 PLEASANTVIEW DRIVE VICTOR, MT 59875	PRESIDENT NEC	0.	0.	0.
<u>CHARLES BEEDY</u> 25844 BUTLER ROAD JUNCTION CITY, OR 97448	EXECUTIVE DIRECTOR 40/WEEK	46,000.	0.	0.
<u>HAROLD HOVEN</u> 3937 BANNISTER ROAD FAIR OAKS, CA 95628	VICE PRESIDENT NEC	0.	0.	0.
<u>ROBERT GRIMES</u> 6685 VREELAND ROAD YPSILANTI, MI 48198	TREASURER NEC	0.	0.	0.
<u>SARAH FLACK</u> 5455 DUFFY HILL ROAD ENOSBURG FALLS, VT 05450	SECRETARY NEC	0.	0.	0.
<u>GUNTHER HAUKE</u> 18 JOYCE DRIVE SPRING VALLEY, NY 10977	BOARD MEMBER NEC	0.	0.	0.
<u>JIM FULLMER</u> 39615 LUCKIAMUTE ROAD PHILOMATH, OR 97370	BOARD MEMBER NEC	0.	0.	0.
<u>LAVINIA MCKINNEY</u> ELIXIR FARM BRIXEY, MO 65618	BOARD MEMBER NEC	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No

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Part VI Other Information	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78a 78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.	80a	X
81 a Enter direct or indirect political expenditures. See line 81 instructions 81a <u>0.</u> b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b	82a	X
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83a 83b	X X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84a 84b	X
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85a 85b	
c Dues, assessments, and similar amounts from members 85c <u>N/A</u>		
d Section 162(e) lobbying and political expenditures 85d <u>N/A</u>		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e <u>N/A</u>		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f <u>N/A</u>		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a <u>N/A</u> b Gross receipts, included on line 12, for public use of club facilities 86b <u>N/A</u>		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a <u>N/A</u> b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b <u>N/A</u>		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u> b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>0.</u> d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0.</u>		
90 a List the states with which a copy of this return is filed ▶ <u>NEW YORK, CALIFORNIA</u> b Number of employees employed in the pay period that includes March 12, 2003 90b <u>3</u>		
91 The books are in care of ▶ <u>CHARLES BEEDY</u> Telephone no. ▶ <u>541-998-0105</u>		
Located at ▶ <u>25844 BUTLER ROAD, JUNCTION CITY, OR</u> ZIP + 4 ▶ <u>97448</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 <u>N/A</u>		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <u>CONFERENCES & LECTURES</u>					18,001.
b <u>FOOD CYCLER BAGS</u>					615.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					41,182.
95 Interest on savings and temporary cash investments			14	2,016.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					22,313.
103 Other revenue:					
a <u>MISCELLANEOUS</u>					455.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		2,016.	82,566.
105 Total (add line 104, columns (B), (D), and (E))					84,582.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	<u>SEE STATEMENT 9</u>

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete information of which preparer has any knowledge

2/19/09 **ERNIE HARVEY, PRESIDENT**
Type or print name and title.

Date Check if self. Preparer's SSN or PTIN

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2003

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **BIO-DYNAMIC FARMING AND GARDENING ASSOC., INC.** Employer identification number **14 1377504**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	▶ 0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) SEE STATEMENT 10	X	
b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

BIO-DYNAMIC FARMING AND GARDENING

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	152,596.	173,705.	200,846.	211,016.	738,163.
16 Membership fees received	40,617.	47,718.	38,244.	38,453.	165,032.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	159,184.	156,071.	170,888.	201,518.	687,661.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,371.	26,639.	33,924.	38,453.	103,387.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	356,768.	404,133.	443,902.	489,440.	1,694,243.
24 Line 23 minus line 17	197,584.	248,062.	273,014.	287,922.	1,006,582.
25 Enter 1% of line 23	3,568.	4,041.	4,439.	4,894.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2002) 129,500. (2001) 159,985. (2000) 179,970. (1999) 172,278.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2002) 0. (2001) 0. (2000) 0. (1999) 0.					
c Add: Amounts from column (e) for lines: 15 738,163. 16 165,032. 17 687,661. 20 _____ 21 _____					27c 1,590,856.
d Add: Line 27a total 641,733. and line 27b total 0.					27d 641,733.
e Public support (line 27c total minus line 27d total)					27e 949,123.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 1,694,243.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 56.0205%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 6.1023%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

BIO-DYNAMIC FARMING AND GARDENING

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

BIO-DYNAMIC FARMING AND GARDENING

Schedule A (Form 990 or 990-EZ) 2003

ASSOC., INC.

14-1377504 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group.

Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a)	(b)	
		Affiliated group totals	To be completed for ALL electing organizations	
		N/A		
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36			
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37			
38 Total lobbying expenditures (add lines 36 and 37)	38			
39 Other exempt purpose expenditures	39			
40 Total exempt purpose expenditures (add lines 38 and 39)	40			
41 Lobbying nontaxable amount. Enter the amount from the following table -	} 41			
If the amount on line 40 is -		The lobbying nontaxable amount is -		
Not over \$500,000		20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000	\$1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42			
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43			
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44			

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

2003 DEPRECIATION AND AMORTIZATION REPORT
 FORM 990 PAGE 2
 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	PROGRAM SERVICES											
6	EQUIPMENT	VARIESSL		5.00	16	18,356.			18,356.	14,035.		1,751.
7	BUILDING	122701SL		40.00	16	650,000.			650,000.	20,475.		16,250.
8	LAND	122701L				100,000.			100,000.			0.
9	COPIER/FAX MACHINE	051202SL		5.00	16	550.			550.	101.		110.
10	FURNITURE	110102SL		7.00	16	1,737.			1,737.	103.		248.
11	MOWER	033103SL		5.00	16	799.			799.			160.
12	TURTLE TREE EQUIP	093002SL		3.00	16	24,699.			24,699.	4,117.		8,233.
13	DELL COMPUTER	020904SL		5.00	16	2,045.			2,045.			58.
	* 990 PAGE 2 TOTAL											
	PROGRAM SERVICES					798,186.		0.	798,186.	38,831.	0.	26,810.
	* GRAND TOTAL 990 PAGE											
	2 DEPR					798,186.		0.	798,186.	38,831.	0.	26,810.

328102
 05-01-03
 (D) - Asset disposed
 * ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 1

INCOME

1. GROSS RECEIPTS	128,826	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		128,826
4. COST OF GOODS SOLD (LINE 13)	106,513	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		22,313

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	136,075	
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	95,748	
11. ADD LINES 6 THROUGH 10		231,823
12. INVENTORY AT END OF YEAR	125,310	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12). .		106,513

FORM 990	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	2
DESCRIPTION		AMOUNT	
BIO-DYNAMIC LITERATURE		44,157.	
BOOK PURCHASES, PRODUCTION, AND ROYALTIES		51,591.	
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B		95,748.	

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
FOOD CYCLER COSTS	959.	959.			
OFFICE	10,964.		10,964.		
DONATIONS	18,222.	18,222.			
INSURANCE	16,886.	8,443.	8,443.		
ADVERTISING & PROMOTION	14,554.	7,277.	7,277.		
OTHER	12,101.		12,101.		
BAD DEBT EXPENSE	435.	435.			
FUNDRAISING	1,585.			1,585.	
TRAINING AND EDUCATION	7,500.	7,500.			
TOTAL TO FM 990, LN 43	83,206.	42,836.	38,785.	1,585.	

FORM 990	CASH GRANTS AND ALLOCATIONS			STATEMENT	4
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	
BIO-DYNAMIC FARMING	THREEFOLD EDUCATIONAL FOUNDATION	THE PFEIFFER CENTER, 260 HUNGRY HOLLOW RD, SPRING	NONE	15,000.	
BIO-DYNAMIC FARMING	JOSEPHINE PORTER INSTITUTE	P.O. BOX 113, WOOLWINE, VA 24185-0133	NONE	2,000.	
BIO-DYNAMIC FARMING	RUDOLF STEINER COLLEGE	9200 FAIR OAKS BLVD, FAIR OAKS, CA 95628	NONE	4,000.	

BIO-DYNAMIC FARMING	THE NATURE INSTITUTE	169 ROUTE 21C, GHENT, NY 12075	NONE	4,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				25,000.

FORM 990 OTHER NOTES AND LOANS RECEIVABLE STATEMENT 5

DESCRIPTION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
RUDOLPH STEINER FOUNDATION	0.	158,117.
JOSEPHINE PORTER INSTITUTE FOR APPLIED BIODYNAMICS, INC	0.	4,282.
NOTE RECEIVABLE, INDIVIDUAL	0.	5,000.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51	0.	167,399.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	18,356.	15,786.	2,570.
BUILDING	650,000.	36,725.	613,275.
LAND	100,000.	0.	100,000.
COPIER/FAX MACHINE	550.	211.	339.
FURNITURE	1,737.	351.	1,386.
MOWER	799.	160.	639.
TURTLE TREE EQUIP	24,699.	12,350.	12,349.
DELL COMPUTER	2,045.	58.	1,987.
TOTAL TO FORM 990, PART IV, LN 57	798,186.	65,641.	732,545.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 7

DESCRIPTION	AMOUNT
COST OF GOODS SOLD	106,513.
TOTAL TO FORM 990, PART IV-A	106,513.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	8
DESCRIPTION		AMOUNT	
COST OF GOODS SOLD		106,513.	
TOTAL TO FORM 990, PART IV-B		106,513.	

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	9
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	MONIES RECEIVED FOR PROVIDING ADVISORY SERVICES REGARDING BIO-DYNAMIC FARMING & GARDENING METHODS.
93B	MONIES RECEIVED FROM THE SALE OF BIO-DEGRADABLE CYCLER BAGS.
94	MEMBERSHIPS SERVE TO INCREASE THE NUMBER OF PEOPLE WHO ARE AWARE OF THE PURPOSE AND WHO WILL HELP TO PROMOTE THE CAUSE OF BIO-DYNAMIC FARMING & GARDENING.
102	SALE OF EDUCATIONAL BOOKS AND LITERATURE TO MEMBERS AND GENERAL PUBLIC TO PROMOTE BIO-DYNAMIC FARMING & GARDENING METHODS.

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT	10
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PART III, LINE 3

THE ASSOCIATION GRANTS SCHOLARSHIPS TO INDIVIDUALS AND ORGANIZATIONS IN ORDER TO FURTHER PROMOTE THE BIO-DYNAMIC METHODS OF FARMING & GARDENING. QUALIFICATION FOR SCHOLARSHIPS IS BASED ON THE INDIVIDUALS OR ORGANIZATION'S NEEDS.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only ▶

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization Bio-Dynamic Farming and Gardening Association, Inc.	Employer identification number 14-1377504
	Number, street, and room or suite no. If a P.O. box, see instructions. Thoreau Center, The Presidiio, Bldg. 1002B, P O Box 29135	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. San Francisco, CA 94129-0135	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until November 15, 20 04, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning April 1, 20 03, and ending March 31, 20 04.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ None

Signature and Verification

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

Signature ▶ NT C Carr Title ▶ CPA Date ▶ 8-9-04

8983-RLC