			EXTENDED TO FEBRUARY 15, 2	018		
	0	90	Return of Organization Exempt From	n Incor	ne Tax	OMB No. 1545-0047
						2016
Department of the Treasury Internal Revenue Service						
			Information about Form 990 and its instructions is at ww ar year, or tax year beginning APR 1, 2016 and ending		rm990. 31, 2017	Inspection
		- í			-	
B C a	heck if pplicab		organization YNAMIC FARMING AND GARDENING		ployer identifica	tion number
	Addre		CIATION, INC.			
	Name Chang		usiness as	_	**_**	*7504
	Initial	v		uite E Tele	ephone number	
	Final		OX 557		(262)	649-9212
	termii ated	n_	own, state or province, country, and ZIP or foreign postal code	G Gros	s receipts \$	704,007.
	Amer		TROY, WI 53120	H(a) Is	this a group retu	rn
	Appli tion	F Name a	nd address of principal officer: ROBERT KARP	fc	or subordinates?	Yes X No
	pendi	SAME	AS C ABOVE		e all subordinates inclu	Ided? Yes No
		empt status:				t. (see instructions)
					roup exemption r	
	orm o	f organization: Summary	X Corporation Trust Association Other ► L	ear of format	tion: 1938 M S	State of legal domicile: WI
Fa			e the organization's mission or most significant activities: TO FOSTE		ILEDGE OF	ጥፒፑ
ce	1		ES AND PRINCIPLES OF THE BIODYNAMIC M	ETHOD	OF ACRIC	<u>יווד</u> זוו.ייוואד
nan	2		if the organization discontinued its operations or disposed of r			
Governance	3		ing members of the governing body (Part VI, line 1a)			9
	4		ependent voting members of the governing body (Part VI, line 1a)			9
ŝ	5		of individuals employed in calendar year 2016 (Part V, line 2a)			8
vitie	6		of volunteers (estimate if necessary)			44
Activities &	7 a		business revenue from Part VIII, column (C), line 12			0.
-			business taxable income from Form 990-T, line 34			0.
					or Year	Current Year
e	8		and grants (Part VIII, line 1h)	4	13,038.	383,966.
Revenue	9		ce revenue (Part VIII, line 2g)		42,717.	292,065.
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		2,070.	2,130.
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,508.	14,988. 693,149.
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4	7,480.	30,619.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	· · ·	o or for members (Part IX, column (A), line 4)	1	.90,429.	204,095.
Expenses	16a	Professional fi	compensation, employee benefits (Part IX, column (A), lines 5-10) indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) $73, 158.$		0.	22,890.
ber	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) \blacktriangleright 73, 158.			
ы			es (Part IX, column (A), lines 11a-11d, 11f-24e)	2	31,073.	447,812.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		28,982.	705,416.
	19		expenses. Subtract line 18 from line 12		36,351.	-12,267.
or ces				Beginning	of Current Year	End of Year
sets alan	20	Total assets (F	Part X, line 16)	5	93,527	598,035.
Net Assets or Fund Balances	21		(Part X, line 26)		39,546.	56,321.
P ^E	22		und balances. Subtract line 21 from line 20	5	53,981.	541,714.
	art II	-				
			declare that I have examined this return, including accompanying schedules and sta		-	nowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prep	arer has any	knowledge.	

Sign	Signature of officer		Date					
Here	ROBERT KARP, EXECUTIVE	E DIRECTOR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	BRIAN MECHENICH		09/29/17 ^{if} self-employed P00976753					
Preparer	Firm's name 🕨 REILLY, PENNER &	BENTON LLP	Firm's EIN ► **-**7409					
Use Only	Firm's address 🖌 1233 NORTH MAYFA	AIR ROAD, SUITE 302						
	MILWAUKEE, WI 53	3226-3255	Phone no. (414) 271-7800					
May the IRS discuss this return with the preparer shown above? (see instructions)								
632001 11-1	632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	BIODYNAMIC FARMING AND GARDENING
Form	990 (2016) ASSOCIATION, INC. **-**7504 Page 2
Pa	t III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III X
1	Check if Schedule O contains a response or note to any line in this Part III
•	TO FOSTER KNOWLEDGE OF THE PRACTICES AND PRINCIPLES OF THE BIODYNAMIC
	METHOD OF AGRICULTURE, HORTICULTURE, AND FORESTRY IN THE NORTH
	AMERICAN CONTINENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 401,004. including grants of \$ 5,619.) (Revenue \$ 295,360.)
	THE ASSOCIATION MAINTAINS A ROBUST EDUCATION PROGRAM THAT INCLUDES:
	- ORGANIZING LOCAL, REGIONAL, ONLINE, AND CONTINENT-WIDE EVENTS,
	INCLUDING THE BIENNIAL NORTH AMERICAN BIODYNAMIC CONFERENCE, THE
	PREMIER EDUCATIONAL AND NETWORKING EVENT FOR BIODYNAMICS IN NORTH
	AMERICA;
	- THE NORTH AMERICAN BIODYNAMIC APPRENTICESHIP PROGRAM (NABDAP), WHICH HELPS ASPIRING FARMERS DEVELOP THE SKILLS AND KNOWLEDGE THEY NEED TO
	BUILD SUCCESSFUL ORGANIC AND BIODYNAMIC FARMS;
	- THE BIODYNAMIC SCHOLARSHIP FUND, WHICH SERVES FARMERS, ASPIRING
	FARMERS, AND OTHERS WHO WANT TO LEARN ABOUT AND DEVELOP THEIR SKILLS IN
	BIODYNAMICS, BUT LACK THE FINANCIAL RESOURCES TO PARTICIPATE IN THE
	EDUCATIONAL OPPORTUNITIES THEY WISH TO PURSUE;
4b	(Code:) (Expenses \$99,325. including grants of \$25,000.) (Revenue \$750.)
	THE ASSOCIATION IS THE PRIMARY HUB FOR COMMUNICATIONS AND OUTREACH IN
	THE BIODYNAMIC MOVEMENT, HELPING THOUSANDS OF PEOPLE WHO ARE PRACTICING
	AND INTERESTED IN BIODYNAMICS TO CONNECT TO AND LEARN FROM EACH OTHER.
	IN THIS ROLE, THE ASSOCIATION EXHIBITS AT ORGANIC AND SUSTAINABLE
	AGRICULTURE CONFERENCES; PUBLISHES SEMINAL BIODYNAMIC BOOKS, A
	QUARTERLY MEMBERSHIP JOURNAL, A MONTHLY E-NEWSLETTER, AND A BLOG; AND
	MAINTAINS A ROBUST WEBSITE THAT RECEIVES OVER 10,000 VISITORS PER
	MONTH.
	SOME OF THE ACCOMPLISHMENTS OF THE ASSOCIATION IN THIS FISCAL YEAR
	INCLUDED:
4c	(Code:)(Expenses 23,348. including grants of \$) (Revenue \$) (Reve
	PRACTICE OF BIODYNAMICS BY:
	- CREATING A PEER LEARNING COMMUNITY OF BIODYNAMIC RESEARCHERS;
	- GENERATING, MAINTAINING, AND SHARING INFORMATION RESOURCES ABOUT
	BIODYNAMIC RESEARCH;
	- FOSTERING RESEARCH COLLABORATION WITH FARMERS AND OTHER STAKEHOLDERS;
	AND
	- SUPPORTING INNOVATIVE, RIGOROUS, RELEVANT, AND, IN SOME CASES,
	PUBLISHABLE BIODYNAMIC RESEARCH.
4 -1	SOME OF THE ACCOMPLISHMENTS OF THE ASSOCIATION IN THIS FISCAL YEAR
4d	Other program services (Describe in Schedule O.) (Expenses \$ 10,626. including grants of \$) (Revenue \$ 13,073.)
40	(Expenses \$ 10,626 ⋅ including grants of \$) (Revenue \$ 13,073 ⋅) Total program service expenses ▶ 534,303 ⋅
-+0	Form 990 (2016)
63200	SEE SCHEDULE O FOR CONTINUATION(S)

	990 (2016) ASSOCIATION, INC. **-***7	504	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Revenue Procedure 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			
_	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,	L_		v
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or 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, Part V			
••	as applicable.			
а				
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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
	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			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		х	
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	^	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		
19	complete Schedule G, Part III	19		x

-*75	04 Page 4
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	990 (2016) ASSOCIATION, INC. **-***	7504	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
		_	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
04	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.4		x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete	31		
32		20		x
22	Schedule N, Part II	32		- 23
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
34		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>		
U	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?	000		
55	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			_
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

BIODYNAMIC	FARMING	AND	GARDENING
ASSOCIATION	I, INC.		

Pa					
	Check if Schedule O contains a response or note to any line in this Part V				
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 20	5	Yes	No
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		5		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r		-		
Ū	(gambling) winnings to prize winners?		1c	x	
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 8	3		
b			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction				
3a			3a		X
b		0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).			
5a			5a		X
b			5b		X
С	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 t	-			
	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 contribu	•			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	wiene www.ided.te.the weaver	-		x
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	ing required	7b		
С	to file Form 8282?		7c		x
d		1 1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		76 7f		x
g	If the organization, earling the year, pay premiums, directly of indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file F		7g		
h			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b		12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10		
а			13a		
۰.	Note. See the instructions for additional information the organization must report on Schedule O.				
b		126			
~	organization is licensed to issue qualified health plans	13b 13c	-		
	Enter the amount of reserves on hand		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	μ Δ	14a		<u> </u>

BIODYNAMIC FARMING AND GARDENING ASSOCIATION, INC.

Form 990 (**-***7		i ugi
Part VI	Governance, Management	, and Dis	sclosure For ea	ch "Yes" response to	lines 2 through 7	b below, and for a "	No" r	response
	to line 8a, 8b, or 10b below, describ	e the circu	umstances, proces	ses, or changes in S	chedule O. See ins	tructions.		

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
•	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			х
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			v
	in Schedule O how this was done	12c		X X
13	Did the organization have a written whistleblower policy?	13		A X
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	x	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ieu		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright WI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıd finar	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ROBERT KARP - (262) 649-9212			
	PO BOX 557, EAST TROY, WI 53120			

BIODYNAMIC F	ARMING	AND	GARDENING

Form 990 (2016)	ASSOCIATION,	INC.		**_**
Part VII	Compensation	of Officers, Directo	ors, Trustees,	Key Employees,	Highest Compensated
	Employees, an	d Independent Con	tractors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-

able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average hours per week	box	not c , unle	Pos heck ss pe	itior more rson	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) STEFFEN SCHNEIDER PRESIDENT	1.00	x		x				0.	0.	0.
(2) PETER LITTELL	1.00								-	
DIRECTOR		x						0.	0.	0.
(3) SUSAN KURZ	1.00									
DIRECTOR		x						0.	0.	0.
(4) JANET GAMBLE	1.00									
VICE PRESIDENT		X		X				0.	0.	0.
(5) DAVID BYRNES	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) DAPHNE AMORY	1.00									_
DIRECTOR		х						0.	0.	0.
(7) GREG GEORGAKLIS	1.00									•
DIRECTOR	1 00	X						0.	0.	0.
(8) LISA MURGATROYD	1.00									0
SECRETARY	1.00	X		X				0.	0.	0.
(9) WALI VIA	1.00	x						0.	0.	0.
DIRECTOR (10) ROBERT KARP	40.00	^				-		0.	0.	0.
EXECUTIVE DIRECTOR	40.00			x				54,799.	0.	750.
EXECUTIVE DIRECTOR								54,755.	••	/ 50 •
						-				
					-					
										5

Form 990 (2016) BIODYNAM			G Z	ANI	5 0	GAI	RD.	ENING	**_*	**7	501	D -	0
Form 990 (2016) ASSOCIAT. Part VII Section A. Officers, Directors, Trus	-		ees	an	d Hi	iahe	st (Compensated Employe		<u></u>	504	Pa	ige 8
(A) Name and title	(B) Average hours per week (list any hours for related organizations	tee or director	not c , unle cer ar	(C Pos heck ss pe	C) ition more rson lirecto	than is bot pr/trus	one h an tee)	(D) Reportable	(E) Reportable compensatio from related organization (W-2/1099-MIS	on d IS	am com fre orga	(F) timate nount c other pensation the anization	of tion e on
	below line)	In dividual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
		-											
		-											
								E 4 700					- 0
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	I, Section A							54,799. 0. 54,799.		0.0.			50. 0. 50.
2 Total number of individuals (including but n compensation from the organization ►	ot limited to th	nose	liste	ed al	bove	e) wł	ר no r	eceived more than \$100),000 of reportab	le			0
3 Did the organization list any former officer,	director or tri	ister	o ka	av or	nnlc		or	highest compensated e	molovee on			Yes	No
line 1a? If "Yes," complete Schedule J for s				-	•			•			3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	•		•					· · · · · · · · · · · · · · · · · · ·	÷		4		х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion 1	rom	any	/ unr	elat	ted organization or indiv	idual for services	5	5		х
Section B. Independent Contractors									<u> </u>				
1 Complete this table for your five highest co the organization. Report compensation for	-	-						n the organization's tax		npensa			
(A) Name and business	address	N	ONI	3				(B) Description of s	ervices	С	(C omper	;) nsatior	ו
							_						
							_						
 Total number of independent contractors (i \$100,000 of compensation from the organi 		iot lii	mite	a to		se lis 0	stec	a above) who received m	lore than				

Form 990 (20)16)	
Part VII	Ι	Sta	t

BIODYNAMIC FARMING AND GARDENING ASSOCIATION, INC.

Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Noncash contributions included in lines 1a-1f: \$		383,966.			
Program Service Revenue	2a b c d e	CONFERENCE MISCELLANEOUS	Business Code 900099 900099	289,415. 2,650.	289,415. 2,650.		
ā	f	All other program service revenue					
		Total. Add lines 2a-2f		292,065.			
	3 4 5	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p Royalties	roceeds	2,130.	2,130.		
	6 a b c d 7 a	(i) Real Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Personal ► (ii) Other				
	c d	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	>				
Other Revenue	b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
		Net income or (loss) from fundraising events	►				
	b	Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b					
	10 a b	Less: cost of goods sold b	25,801. 10,858.	14 0 4 0	14.040		
	С	Net income or (loss) from sales of inventory		14,943.	14,943.		
	11 a b	NT GODI I NIDOLIG	Business Code 900099	45.	45.		
	c						1
	d	All other revenue					1
		Total. Add lines 11a-11d	►	45.			
	12	Total revenue. See instructions.		693,149.	309,183.	0.	. 0.

632009 11-11-16

 Form 990 (2016)
 ASSOCIATION, INC.
 **

 Part IX
 Statement of Functional Expenses
 **

 Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX
 (A)

Check if Schedule O contains a response or note to any line in this Part IX					
	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	30,619.	30,619.		
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,	61 602	26 062	7 202	17 240
•	trustees, and key employees	61,603.	36,962.	7,392.	17,249.
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		126,467.	85,229.	26,163.	15,075.
8	Other salaries and wages Pension plan accruals and contributions (include	120,107.	05,225.	20,103.	10,010.
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,994.	3,003.	1,156.	835.
10	Payroll taxes	11,031.	7,451.	2,195.	1,385.
11	Fees for services (non-employees):	-		<u>·</u>	-
а	Management				
	Legal	3,767.		3,767. 3,172.	
	Accounting	15,846.	9,865.	3,172.	2,809.
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	22,890.			22,890.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,			0 700	0 400
	column (A) amount, list line 11g expenses on Sch 0.)	58,265.	53,056.	2,720.	<u>2,489.</u> 510.
12	Advertising and promotion	592.	82.	4 056	
13	Office expenses	15,062.	9,233.	4,056.	1,773.
14	Information technology				
15	Royalties	15,984.	10,054.	3,011.	2,919.
16 17		23,696.	9,275.	11,995.	2,426.
17 18	Travel Payments of travel or entertainment expenses	23,050.	5,275.	11,555.	2,420.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,502.	1,534.	492.	476.
23	Insurance	3,320.	2,114.	619.	587.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
-	amount, list line 24e expenses on Schedule 0.) CONFERENCE EXPENSES	251,394.	251,394.		
a b	BAD DEBT EXPENSE	21,901.	2J1, JJ4•	21,901.	
u c	PRINTING AND POSTAGE	15,434.	14,557.	435.	442.
c d	BANK AND CREDIT CARD FE	3,530.	2,375.	668.	487.
	All other expenses	16,519.	7,500.	8,213.	806.
25	Total functional expenses. Add lines 1 through 24e	705,416.	534,303.	97,955.	73,158.
26	Joint costs. Complete this line only if the organization	, -=	. ,		.,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
63201	D 11-11-16				Form 990 (2016)

BIODYNAMIC FARMING AND GARDENING ASSOCIATION, INC.

-*7504 Page 11

	n 990 (.NC.			**_	***7504 Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any line in	this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			28,917.		19,156.
	2	Savings and temporary cash investments			128,150.		193,095.
	3	Pledges and grants receivable, net			60,907.	3	14,550.
	4	Accounts receivable, net			19,719.	4	1,478.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation Part II of Schedule L				5	
	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in section employers and sponsoring organizations of sect	n 4958(c)(3)(B),	and contributing			
6				-		6	
Assets	_	employees' beneficiary organizations (see instr).				0 7	
Ase	7	Notes and loans receivable, net			9,835.		11,656.
	8	Inventories for sale or use			5,055.	8	7,883.
	9			·····		9	7,005.
	10a	Land, buildings, and equipment: cost or other		00 000			
		basis. Complete Part VI of Schedule D		88,920.	2 060		1 706
		· · · · · · · · · · · · · · · · · · ·			3,969.		1,786.
	11	Investments - publicly traded securities			220 212	11	
	12	Investments - other securities. See Part IV, line 1			338,213.	12	340,114.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			2 01 7	14	0 21 7
	15	Other assets. See Part IV, line 11			3,817.	15	8,317.
	16	Total assets. Add lines 1 through 15 (must equa			593,527.	16	598,035.
	17	Accounts payable and accrued expenses			14,273.		25,092.
	18	Grants payable			05 050	18	21 000
	19	Deferred revenue			25,273.	19	31,229.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV of Sche	dule D		21	
es	22	Loans and other payables to current and former	r officers, direc	tors, trustees,			
Liabilities		key employees, highest compensated employee					
iab.		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	d third parties			24	
	25	Other liabilities (including federal income tax, pa	yables to relate	ed third			
		parties, and other liabilities not included on lines	s 17-24). Comp	lete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			39,546.	26	56,321.
		Organizations that follow SFAS 117 (ASC 958		► <u>X</u> and			
ses		complete lines 27 through 29, and lines 33 an			400 004		506.046
Fund Balances	27	Unrestricted net assets			432,874.		536,216.
Bal	28	Temporarily restricted net assets		121,107.	28	5,498.	
lpu	29					29	
		Organizations that do not follow SFAS 117 (A	SC 958), chec	k here 🕨 🗌			
p		and complete lines 30 through 34.					
iets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq	quipment fund			31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances			553,981.	33	541,714.
	34	Total liabilities and net assets/fund balances			593,527.	34	598,035.

Form **990** (2016)

Form 990 (2016)	
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BIODYNAMIC	FZ	RMING	AND	GARDENING
ASSOCTATION	J	TNC.		

Form	ASSOCIATION, INC.	**_***;	7504	Pag	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			49.
2	Total expenses (must equal Part IX, column (A), line 25)	2			16.
3	Revenue less expenses. Subtract line 2 from line 1	3			67.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	553	3,9	81.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	541	L,7	14.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	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	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle 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	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A (Form 900 or 900 E7) Public Charity Status and Public Support						OMB No. 1545-0047				
(FOULD 330 OF 330-EZ)]					-					2016
					nization is a section 50 [.] 147(a)(1) nonexempt cha			or a section		2010
		of the Treasury			Attach to Form 990 or F					Open to Public
Interr	al Reve	nue Service	Information	ion about Schedule A	(Form 990 or 990-EZ) and	its instruct	ions is at ^N	/ww.irs.gov/fa	rm990.	Inspection
Nar	ne of	the organizati	-		RMING AND GAR	DENIN	G			identification number
				CIATION, 1						*-**7504
Pa	art I	Reason	for Public	Charity Status	(All organizations must co	omplete th	iis part.) S	ee instruction	S.	
The	orgar	ization is not a	ı private found	dation because it is:	(For lines 1 through 12, o	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associati	on of churches describe	d in sectio	on 170(b)(1)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3	Ц	A hospital or	a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4		A medical res	earch organiz	ation operated in co	onjunction with a hospita	describe	d in sectic	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat								
5		-	-		ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	bed in
				Complete Part II.)						
6	\mathbb{H}			-	mental unit described in					
1		-		-	antial part of its support f	rom a gov	rernmenta	I unit or from 1	ne general	public described in
•		-		complete Part II.)						
8 9	\square			•)(1)(A)(vi). (Complete Par	,	od in ooni	upotion with a	land grant	college
9		-		-	d in section 170(b)(1)(A)(-	-
		university:	Ji a non-ianu-(grant college of agri	culture (see instructions).		name, cit	y, and state o	r the colleg	
10	X		on that norma	ally receives: (1) mor	e than 33 1/3% of its sup	nort from	contributi	ons member	shin fees	and gross receipts from
					ect to certain exceptions,					
					e (less section 511 tax) fr					
				mplete Part III.)	(, , , , , , , , , , , , , , , , , , ,			,	5	,
11		An organizati	on organized	and operated exclus	sively to test for public sa	fety. See	section 5	09(a)(4).		
12		An organizati	on organized	and operated exclus	sively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly	supported or	rganizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in
	_	lines 12a thro	ough 12d that	describes the type	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
a		Type I. A s	upporting orga	anization operated,	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	<i>i</i> giving
		the suppor	ted organizati	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting
		¬ -		complete Part IV, S						
b					d or controlled in connec			•		•
					ganization vested in the s	ame perso	ons that c	ontrol or mana	age the sup	pported
			()	•	, Sections A and C.					
c					ng organization operated				lly integrat	ed with,
			•		s). You must complete I			-	Had argan	ization(a)
c		•••			porting organization oper ization generally must sa				•	
					mplete Part IV, Sections				u an alleni	10011055
e		- ·	,	,	written determination fro				II Type III	
					onally integrated support			x 1)po 1, 1)po	n, 1990 m	
f	Ente									
				n about the support						·
	((i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o		(vi) Amount of other
		organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
										ļ
					+					
Tota	al									
										·

Schedule A (Form 990 or 990-EZ) 2016 ASSOCIATION, INC.

Part II

-*7504 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e	e) 2016	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4									
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.								
	ction B. Total Support								-
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	6	e) 2016	(f) Total	_
	Amounts from line 4	(4) = 0 + 2	(,	(0) = 0 + 1	(0, 2010		12010	(.)	
8	Gross income from interest,								
Ũ	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
9	Net income from unrelated business								
5	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								-
10	or loss from the sale of capital								
	•								
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10								-
		ata (aga instructi	()			12			
	Gross receipts from related activities, First five years. If the Form 990 is for	-		rd fourth or fifth t			(a)(2)		
13	organization, check this box and stor	0			2				٦
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						_
	Public support percentage for 2016 (column (f))		14			%
	Public support percentage from 2015					15			%
	33 1/3% support test - 2016. If the c						heck this br		
100	stop here. The organization qualifies	-							٦
h	33 1/3% support test - 2015. If the c								_
~	and stop here. The organization qual	-							٦
17-	10% -facts-and-circumstances tes								
178									
	and if the organization meets the "fac								٦
۲.	meets the "facts-and-circumstances"	-	-						_
D	10% -facts-and-circumstances tes								
	more, and if the organization meets the								٦
40	organization meets the "facts-and-circ								\exists
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 17a, or 17	D, CHECK THIS DOX :	and se	e instruction	s 🕨 🗆	

Schedule A (Form 990 or 990 EZ) 2016 ASSOCIATION, INC.

(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.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 501,904 160,050. 413,038. 360,601 316,977 1,752,570. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 168,976. 205,801 317,865. 42,315. 52,790. 787,747. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 485,953. 544,219. 365,851 465,828. 678,466. 6 Total. Add lines 1 through 5 2,540,317. 7a Amounts included on lines 1, 2, and 131,000. 141,719. 126,748. 130,560 530,027. 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0 131,000. 141,719. 126.748. 130,560 530 027 c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 2,010,290 Section B. Total Support (b) 2013 Calendar year (or fiscal year beginning in) (a) 2012 (c) 2014 (d) 2015 (e) 2016 (f) Total 485,953 544,219. 365,851 465,828. 678,466 9 Amounts from line 6 2,540,317. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 482. 1,560. 1,064. 2,070. 2,130 7,306. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 482. 1,560. 1,064. 2,070. 2,1307,306. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 45. 45. assets (Explain in Part VI.) 486,435. 545,779. 366,915. 467,898. 680,641. 2,547,668. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 78.91 **15** Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 % 76.71 16 16 Public support percentage from 2015 Schedule A, Part III, line 15 % Section D. Computation of Investment Income Percentage .29 17 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) % .28 18 % 18 Investment income percentage from 2015 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 632023 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

-*7504 Page 3

Schedule A (Form 990 or 990-EZ) 2016 ASSOCIATION, INC.

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

632024 09-21-16

10b

BIODYNAMIC FARMING AND GARDENING Schedule A (Form 990 or 990-EZ) 2016 ASSOCIATION, INC.

-*75	04 Page 5
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
-	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		163	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.	î	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
		Za		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990 EZ) 2016 ASSOCIATION, INC. Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 4 Add lines 1 through 3

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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	nt,		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (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	onally integrate	d Type III supportina ora	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016 ASSOCIATION, INC. * Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	Current Year			
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
-	Applied to underdistributions of prior years Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
с	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

<u></u>	(Form 990 or 990-EZ) 2016	BIODYNAMIC		AND	GARDENING	**-**7504 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li	nation. Provide the e 2, 3b, 3c, 4b, 4c, 5a, 6 nes 2 and 3; Part IV, S	explanations re , 9a, 9b, 9c, 11 ection E, lines	a, 11b, a 1c, 2a, 2b	nd 11c; Part IV, Se o, 3a, and 3b; Part \	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C, /, line 1; Part V, Section B, line 1e; Part V, for any additional information.

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
	n 990)	Complete if the ora	anization answered "Yes" on Form 990.		2016
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	Revenue Service	Information about Schedule D (For BIODYNAMIC FARMING	rm 990) and its instructions is at www.irs.g	ov/form99	90. Inspection
Nam	e of the organization	Em	ployer identification number **-**7504		
Pa	t I Organiza	ASSOCIATION, INC.	d Funds or Other Similar Funds o		
1 0		n answered "Yes" on Form 990, Part IV, lin			
	organization		(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at er	nd of year		.,	
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised	d funds	
	are the organizatio	n's property, subject to the organization's	exclusive legal control?		Yes 🗌 No
6	Did the organizatio	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only	
	for charitable purp	oses and not for the benefit of the donor o	or donor advisor, or for any other purpose co	onferring	
_	impermissible priva				
Pa			ganization answered "Yes" on Form 990, Pa	rt IV, line 7	7
1		servation easements held by the organizat			
		of land for public use (e.g., recreation or e			
		f natural habitat	Preservation of a certifie	ed historic	structure
~		of open space			
2	•	• •	fied conservation contribution in the form of	a conserv	Held at the End of the Tax Year
-	day of the tax year			20	neiu al lile cilu of lile fax feat
a b					
0			ucture included in (a)		
с А			after 8/17/06, and not on a historic structure		
u					
3			leased, extinguished, or terminated by the c		n during the tax
•	year ►			gamzatio	
4		where property subject to conservation ea	sement is located		
5	Does the organizat	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of		
			t holds?		Yes No
6			handling of violations, and enforcing conse		
	▶				
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easeme	nts during the year
	▶\$				
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)(i)	
					Yes 📖 No
9		•	on easements in its revenue and expense s		
		-	tion's financial statements that describes th	e organiza	tion's accounting for
Da	conservation ease		f Art, Historical Treasures, or Oth	or Simi	lar Accoto
Fai		the organization answered "Yes" on Form			Idi A55615.
10			SC 958), not to report in its revenue stateme	nt and hal	anaa abaat warka of art
Ia	•		hibition, education, or research in furtherand		
		thote to its financial statements that descri			
h			SC 958), to report in its revenue statement a	nd halanc	e sheet works of art historical
	-		ducation, or research in furtherance of publi		
	relating to these ite				
	-			►	\$
2	• •		asures, or other similar assets for financial g		
-		unts required to be reported under SFAS 1		, ,	
а	-			►	\$
		eduction Act Notice, see the Instruction			Schedule D (Form 990) 2016

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 632051 08-29-16

	BIODYNA	-	-	G AN	D GARD	ENING			 .		
Sche	dule D (Form 990) 2016 ASSOCIA		-						***750		
Par	rt III Organizations Maintaining C	ollect	ions of Ar	t, His	torical Tr	easures, o	or Other	Similar As	sets(conti	nued)	
3	Using the organization's acquisition, accessi	on, and	other record	s, chec	k any of the	following that	at are a sign	ificant use of	its collectio	n iten	ns
	(check all that apply):										
а	Public exhibition		d		Loan or exc	hange progra	ams				
b	Scholarly research		е		Other						
с	Preservation for future generations										
4	Provide a description of the organization's co	ollection	s and explair	n how th	ney further t	he organizati	ion's exemp	t purpose in I	Part XIII.		
5	During the year, did the organization solicit o	r receive	e donations o	of art, hi	storical trea	sures, or oth	er similar as	ssets			
	to be sold to raise funds rather than to be ma	aintaine	d as part of t	he orga	nization's co	ollection?			Yes		No
Par	t IV Escrow and Custodial Arran	gemei	nts. Comple	ete if the	organizatio	n answered	"Yes" on Fo	orm 990, Part	IV, line 9, o	r	
	reported an amount on Form 990, Par	rt X, line	21.								
1a	Is the organization an agent, trustee, custodi	ian or ot	her intermed	liary for	contribution	ns or other as	sets not ind	cluded			
	on Form 990, Part X?			2					Yes		No
b	If "Yes," explain the arrangement in Part XIII										
				Ũ					Amoun	t	
с	Beginning balance							1c			
	Additions during the year							1d			
	Distributions during the year							1e			
f	Ending balance							1f			
	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.						-	· ·····			Ē
Par											_
			irrent year		rior year			Three years ba	ick (e) Fou	r vears	back
1 a	Beginning of year balance	(4) 04	interit your	(~) !	nor your		(u)			jeure	, such
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
e											
f											
	Administrative expenses										
-	End of year balance Provide the estimated percentage of the curr	roptivoo	r and balana	o (lino 1	a oolump (
2		rent yea	I EIIU Dalailu		g, column (a	a)) Heiù as.					
	Board designated or quasi-endowment	0/		_%							
b	Permanent endowment	%									
С	Temporarily restricted endowment		<u>%</u>								
0-	The percentages on lines 2a, 2b, and 2c sho					un el en el un trata de el					
3a	Are there endowment funds not in the posse	ession of	the organiza	ation tha	at are neid a	ina administe	ered for the	organization		Vee	Na
	by:								0.()	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		
	Describe in Part XIII the intended uses of the		ation's endo	wment	funds.						
Fai	t VI Land, Buildings, and Equipm		F 000		/ Kan dd - 6	D		- 10			
	Complete if the organization answered					1			(
	Description of property		(a) Cost or of		• •	or other	.,	umulated	(d) Boo	k valu	le
			asis (investn	ient)	Dasis	(other)	aepre	ciation			
	Land										
	Buildings										
	Leasehold improvements					7 4 4 0				1 🗖	00
	Equipment					7,440.		5,654.		1 ,7	86.
	Other					1,480.	1	1,480.		1 🗖	0.
Total	I. Add lines 1a through 1e. <i>(Column (d) must</i> e	qual For	rm 990, Part	X, colur	nn (B), line 1	10c.)		🕨		1,7	86.

Schedule D (Form 990) 2016

BIODYNAMIC FARMING AND GARDENIN	10	3
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Schedule D (Form 990) 2016 ASSOCIATION	, INC.		**-***7504 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) RSF INVESTMENT ACCOUNT	340,114.	END-OF-YEAR MARK	ET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	340,114.		
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	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
	an Farma 000 Davit IV/ lines	11d Cas Form 000 Dart V line 15	
Complete if the organization answered "Yes"	Description	TTd. See Form 990, Part X, line 15.	(b) Book value
	Description		
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"		, , ,	e 25.
1.(a) Description of liability	(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.) 🕨		
2 Liability for uncertain tax positions. In Part XIII, provide	the text of the feetnete to	the organization's financial stateme	nts that reports the

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

BIODYNAMIC	FARMING	AND	GARDENING
ASSOCTATION	J TNC		

Sche	edule D (Form 990) 2016	ASSOCIATION,	INC.			**_	***7504 Page 4
Pa	rt XI Reconciliatio	on of Revenue per Audi	ted Financial Stater	nents With F	Revenue per R	eturr	າ.
	Complete if the c	organization answered "Yes" or	n Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, an	nd other support per audited fin	ancial statements			1	704,007.
2	Amounts included on lin	ne 1 but not on Form 990, Part	VIII, line 12:				
а	Net unrealized gains (los	sses) on investments		2a			
b		se of facilities					
с		r grants					
d		XIII.)			10,858.		
е	Add lines 2a through 2c			-		2e	10,858.
3	Subtract line 2e from lin	ne 1				3	693,149.
4		orm 990, Part VIII, line 12, but r					
а	Investment expenses no	ot included on Form 990, Part V	VIII, line 7b	4a			
b	Other (Describe in Part 2	XIII.)		4b			
с						4c	0.
5	Total revenue. Add lines	s 3 and 4c. (This must equal Fo	rm 990, Part I, line 12.)			5	693,149.
Pa	rt XII Reconciliation	on of Expenses per Aud	lited Financial State	ments With	Expenses per	Retu	rn.
	Complete if the c	organization answered "Yes" or	n Form 990, Part IV, line 12	2a.			
1	Total expenses and loss	ses per audited financial staten	nents			1	716,274.
2	Amounts included on lin	ne 1 but not on Form 990, Part	IX, line 25:				
а	Donated services and u	se of facilities		2a			
b	Prior year adjustments			2b			
с	Other losses			2c			
d		XIII.)			10,858.		
е	Add lines 2a through 2c	ł				2e	10,858.
3		ne 1				3	705,416.
4		orm 990, Part IX, line 25, but no					
а	Investment expenses no	ot included on Form 990, Part V	VIII, line 7b	4a			
b	Other (Describe in Part 2	XIII.)		4b			
с	Add lines 4a and 4b					4c	0.
5		es 3 and 4c. (This must equal F	Form 990, Part I, line 18.)	<u></u>		5	705,416.
Pa	rt XIII Supplementa	al 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.

PART X, LINE 2:

THE ASSOCIATION HAS IMPLEMENTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES
IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED
STATES OF AMERICA. THIS STANDARD DESCRIBES A RECOGNITION THRESHOLD AND
MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT
OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AND ALSO
PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNIZING,
INTEREST, PENALTIES AND DISCLOSURE REQUIRED. MANAGEMENT OF THE
ASSOCIATION EVALUATES THE UNCERTAIN TAX POSITIONS TAKEN, IF ANY, AND
CONSULTS WITH OUTSIDE COUNSEL AS DEEMED NECESSARY. THE ASSOCIATION
RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX
LIABILITIES IN INCOME TAX EXPENSE.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SEE EXPLANATION BELOW

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SEE EXPLANATION BELOW

RECONCILIATION OF REVENUES/EXPENSES

\$10,858 OF COST OF GOODS SOLD IS PRESENTED IN THE EXPENSES IN THE

FINANCIAL STATEMENTS AND AS AN OFFSET OF REVENUE IN THE 990.

SCHEDULE G	0	unted Information Demonstra		-l : -		A	OMB No. 1545-0047	
(Form 990 or 990-EZ) Department of the Treasury Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Attach to Form 990 or Form 990-EZ.								
Internal Revenue Service	Information a	about Schedule G (Form 990 or 990-EZ) and its	s instru	uctions is at WWW.irs.g	gov/form990.	Inspection	
-		MIC FARMING AND GA TION, INC.	ARDE	NIN	G		r identification number * * 7 5 0 4	
Part IFundraising required to com		Complete if the organization answer t.	ered "Y	'es" oi	n Form 990, Part IV,	line 17. Form 99	90-EZ filers are not	
 a Mail solicitations b X Internet and emails c X Phone solicitation d In-person solicita 2 a Did the organization have been been been been been been been be	ail solicitations ns ations ave a written o n Form 990, F hest paid indi	s f Solicita g Special or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) purse	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees, or	Yes No s to be	
compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount particular to (or retained fundraiser have custody or control of contributions?					by) to (or retained by)			
WINDWARD COMMUNICATION W886 HWY 92, BROOKLYN		FUNDRAISER	Yes	No X	0.	22,	89022,890.	
Total 3 List all states in which t	he organizatio	on is registered or licensed to solicit	contrik	D utions	s or has been notified	22 , t d it is exempt fr		
or licensing.								

632081 09-12-16

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

Schedule G (Form 990 or 990-EZ) 2016 ASSOCIATION, INC.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	– col. (c))
Revenue						
Seve	1	Gross receipts				
"						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
xper	6	Rent/facility costs				
Ш Н	7	Food and beverages				
Dire	'	Tood and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through				
Pa	11 rt	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization	ne 3, column (d)	m 000 Part IV lina 10	or reported more than	
14		\$15,000 on Form 990-EZ, line 6a.	answered res on or	111330, 1 art 10, inte 13,	or reported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bing	0 (c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
zthens	3					
	3	Noncash prizes				
Direct I	4	Noncash prizes Rent/facility costs				
Direct Expenses	4	Rent/facility costs				
Direct I	4					
Direct I	4 5	Rent/facility costs	Yes%		%	, ,
Direct I	4 5	Rent/facility costs		6 Yes 9	%)
Direct I	4 5 6	Rent/facility costs	Yes%		No No	
Direct I	4 5 6	Rent/facility costs Other direct expenses Volunteer labor	Yes% No 15 in column (d)	No	<u>No</u> No	
	4 5 7 8	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes% No h 5 in column (d)	No	<u>No</u> No	
9	4 5 6 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities:	No	No ►	
9 a	4 5 6 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	e states?	No ►	
9 a	4 5 6 7 8 Ent	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	Yes% No h 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	e states?	No ►	
9 a b	4 5 7 8 Ent Is t If "I	Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a	h 5 in column (d)	e states?	▶ No	Yes . No

632082 09-12-16

Sch	edule G (Form 990 or 990-EZ) 2016 ASSOCIATION, INC.	***7	504	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name 🕨			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
k	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party \triangleright \$			
c	If "Yes," enter name and address of the third party:			
	······································			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	I is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	
ł	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	ines 9,	9b, 1()b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	,	,	
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	≀S:		
(]) NAME OF FUNDRAISER: WINDWARD COMMUNICATIONS			
(1) ADDRESS OF FUNDRAISER: W886 HWY 92, BROOKLYN, WI 53521			

Schedule G	(Form 990 or 990-F7)	ASSOCIATION,	INC.	**-***7504 Page 4
Part IV	Supplemental Info	ASSOCIATION, mation (continued)		
_				

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go Compl	irants and Oth vernments, an ete if the organizatio	nd Individua n answered "Yes Attach to For	ls in the Ŭn i " on Form 990, Pa m 990.	ited States rt IV, line 21 or 22.	a	OMB No. 1545-0047 2016 Open to Public Inspection
i taine er the erganization	AMIC FARMING						Employer identification number
	ATION, INC.						**-***7504
Part I General Information on G							
 Does the organization maintain re criteria used to award the grants 		•		• •			Yes X No
2 Describe in Part IV the organization	on's procedures for moni	torina the use of arant	funds in the Unite	d States.			
Part II Grants and Other Assista					anization answered "\	/es" on Form 990, Par	t IV, line 21, for any
recipient that received more	e than \$5,000. Part II car	be duplicated if addit	ional space is nee	ded.		-	
1 (a) Name and address of organize or government	ation (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501	(c)(3) and government or	ganizations listed in th	ne line 1 table	•	•	•	>
3 Enter total number of other organ							
LHA For Paperwork Reduction Act	Notice, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2016)

Schedule I (Form 990) (2016)

ASSOCIATION, INC.

-*7504

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	30	5,619.	0.		
RANT	5	25,000.	0.		
Part IV Supplemental Information. Provide the information	n required in Part I, lin	ie 2; Part III, column	(b); and any other a	dditional information.	
SCHEDULE I, PART 1, LINE 2					

THE ORGANIZATION AWARDS SCHOLARSHIPS TOWARD FEES OR TUITION FOR

ELIGIBLE EDUCATIONAL OPPORTUNITIES. THE BIODYNAMIC SCHOLARSHIP FUND

STRIVES TO STRIKE A BALANCE BETWEEN HELPING AS MANY INDIVIDUALS AS

POSSIBLE OFFERING THE MOST QUALIFIED INDIVIDUALS SUFFICIENT SUPPORT TO

BE ABLE TO RECEIVE THE MOST BENEFIT FROM THE EDUCUATIONAL OPPORTUNITIES

THEY WISH TO PURSUE. PRIORITY IS GIVEN TO APPLICANTS WHO DEMONSTRATE A

COMMITMENT TO PURSUING BIODYNAMIC FARMING OR GARDENING, INCLUDING

APPRENTICES ENROLLED IN THE NORTH AMERICAN BIODYNAMIC APPRENTICESHIP

BIODYNAMIC FARMING AND GARDENING Schedule I (Form 990) ASSOCIATION, INC. **-**7504 Page 2 Part IV Supplemental Information PROGRAM, EXISTING FARMERS, AND MEMBERS OF THE BIODYNAMIC ASSOCIATION SCHOLARSHIP AWARDS ARE DETERMINED ON A SLIDING SCALE. APPLICATIONS CAN BE SUBMITTED ONLINE OR BY CALLING THE ORGANIZATION DIRECTLY FOR A PAPER APPLICATION. ALL APPLICATIONS SUBMITTED BY THE FIRST DAY OF EACH MONTH RECEIVE A DECISION BY THE 15TH OF THAT MONTH.

THE ASSOCIATION OCCASIONALLY PROVIDES SMALL GRANTS TO PARTNER

ORGANIZATIONS WHO WE FEEL ARE DOING IMPORTANT WORK IN SUPPORT OF THE

BIODYNAMIC MOVEMENT. IN 2016-17 WE WERE BLESSED WITH THE RESOURCES TO

PROVIDE FIVE SMALL GRANTS OF \$5,000 EACH TO THE FOLLOWING

ORGANIZATIONS: DEMETER USA, RSF SOCIAL FINANCE, INSTITUTE FOR MINDFUL

AGRICULTURE, YGGDRASIL LAND FOUNDATION AND THE MICHAEL FIELDS

AGRICULTURAL INSTITUTE. THESE WERE GENERAL OPERATING SUPPORT GRANTS

WHICH EACH ORGANIZATION COULD USE AS THEY SAW FIT.

SCHEDULE O (Form 990 or 990-EZ)

(FOITH 350 01 350-LZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

 BIODYNAMIC FARMING AND GARDENING

 ASSOCIATION, INC.



Employer identification number **-**7504

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

HORTICULTURE, AND FORESTRY IN THE NORTH AMERICAN CONTINENT AND TO

ADVANCE THE APPLICATIONS OF THIS METHOD THROUGH EDUCATIONAL ACTIVITIES

SUCH AS RESEARCH, LECTURES, CONFERENCES, PUBLISHING AND DISTRIBUTING

LITERATURE ON THE BIODYNAMIC METHODS, AND SUPPORTING CONSULTATION AND

EXTENSION SERVICES TO FARMERS, GARDENERS, AND FORESTERS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

- SUPPORT FOR LEARNING COMMUNITIES WITHIN THE BIODYNAMIC MOVEMENT.

SOME OF THE ACCOMPLISHMENTS OF THE ASSOCIATION IN THIS FISCAL YEAR

INCLUDED:

- ORGANIZED "TIERRA VIVA: FARMING THE LIVING EARTH," ONE OF THE

LARGEST, MOST DIVERSE AND IMPACTFUL BIODYNAMIC CONFERENCES EVER TO TAKE

PLACE ON THIS CONTINENT, BRINGING NEARLY 800 PARTICIPANTS AND 115

PRESENTERS REPRESENTING MYRIAD THREADS OF FOOD SYSTEM AND AGRICULTURAL

WORK FROM ACROSS THE AMERICAS.

- GRADUATED 16 NEW BIODYNAMIC FARMERS FROM NABDAP AND BROUGHT 22 NEW

APPRENTICES IN TO BEGIN THEIR TWO-YEAR TRAINING. VISIT

WWW.BIODYNAMICS.COM/NABDAP TO READ ABOUT SOME OF OUR GRADUATES.

- IMMERSED OVER 1,000 PEOPLE IN BIODYNAMIC PRINCIPLES THROUGH OUR

ONLINE COURSES AND WEBINARS, INCLUDING THE SECOND YEAR OF OUR 6-MONTH

"INDIVIDUALITY OF THE FARM" COURSE AND A NEW 4-MONTH ADVANCED COURSE.

- AWARDED OVER \$38,000 IN SCHOLARSHIPS TO HELP 145 PEOPLE PARTICIPATE

IN BIODYNAMIC WORKSHOPS, TRAININGS AND CONFERENCES ACROSS THE

CONTINENT. SINCE WE STARTED THE BIODYNAMIC SCHOLARSHIP FUND IN 2010, WE

Schedule O (Form 990 or 990-EZ) (2016) Pa							
Name of the organization	Employer identification number * - * * * 7 5 0 4						
HAVE CIVEN OV	TR \$130 000 IN SCHOLARSHIP SUPPORT TO MORE T	HAN 600					

FARMERS, APPRENTICES, GARDENERS, EDUCATORS, AND CHANGEMAKERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

- HIRING A NEW JOURNAL EDITOR, WHO HAS GREATLY INCREASED THE POOL OF

AUTHORS FOR THE JOURNAL AND THE VARIETY AND ACCESSIBILITY OF ARTICLES;

- INCREASING OUR PRESENCE AT EVENTS AND CONFERENCES ACROSS NORTH

AMERICA THROUGH EXHIBITS, SPONSORSHIPS, PROMOTIONAL PARTNERSHIPS, AND

THE DEVELOPMENT OF BIODYNAMIC WORKSHOPS;

- PUBLISHING A REVISED AND EXPANDED SECOND EDITION OF THE SEMINAL BOOK,

TOWARD SAVING THE HONEYBEE BY GUNTHER HAUK, WITH THREE NEW CHAPTERS AND

NEW COLOR PHOTOGRAPHS;

- SECURING A CONTRACT WITH STEINERBOOKS AND MALCOLM GARDNER TO BRING

OUT A NEW EDITION OF SPIRITUAL FOUNDATIONS FOR THE RENEWAL OF

AGRICULTURE BY THE SPRING OF 2018;

- INCREASING OUR SOCIAL MEDIA PRESENCE THROUGH FACEBOOK AND TWITTER AND

BECOMING ACTIVE ON INSTAGRAM AND YOUTUBE;

- FURTHER DEVELOPING THE FUNCTIONALITY, ORGANIZATION, AND AESTHETICS OF

OUR WEBSITE, PARTICULARLY FOR OUR 2016 BIODYNAMIC CONFERENCE PAGES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

INCLUDED:

- CONTINUING WITH THE THEME OF QUALITY EVALUATION, WE ESTABLISHED A NEW

COLLABORATION PROVIDING ONGOING COORDINATION SUPPORT AND RESEARCH

RESOURCES FOR THE FELLOWSHIP OF PREPARATION MAKERS COMMITTEE ON THE

QUALITY ASSESSMENT OF BIODYNAMIC PREPARATIONS. AS PART OF THIS ROLE WE

SENT A REPRESENTATIVE TO PARTICIPATE AT THE 2017 FELLOWSHIP OF

PREPARATIONS MAKERS CONFERENCE.

- CONTINUING WORK ON THE SEARCHABLE RESEARCH REFERENCES DATABASE, WHICH INCLUDED MOVING THE EXISTING INFORMATION TO THE NEW DATABASE AND ADDING NEW RESOURCES. THE "PORTAL" WILL ALLOW USERS TO SEARCH OR FILTER THE RESEARCH CITATIONS IN MANY WAYS (E.G. AUTHOR, DATE, PUBLICATION TYPE, KEYWORD, ETC.) RATHER THAN ONLY SHOWING A STATIC LIST AS THE PREVIOUS VERSION DID. WE CONTINUED TO WATCH FOR AND POST NEW RESEARCH REFERENCES AND RESOURCES RELEVANT TO BIODYNAMICS. THESE WILL BE ADDED TO THE SEARCHABLE SITE ON AN ONGOING BASIS.

- SERVING AS A POINT OF CONTACT AND RESPONDING TO INQUIRIES ABOUT

SPECIFIC ASPECTS OF BIODYNAMIC RESEARCH IN GENERAL, AND CONTINUING

CULTIVATION OF RELATIONSHIPS AND COMMUNITY AROUND BIODYNAMIC RESEARCH.

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

THE ORGANIZATION PROVIDES A DRAFT COPY OF THE 990 TO ALL BOARD MEMBERS FOR

REVIEW AND COMMENTS BEFORE FILING.

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

COMPENSATION FOR KEY EMPLOYEES IS DISCUSSED AND REVIEWED DURING BOARD

MEETINGS AND INCLUDED IN THE ANNUAL BUDGET

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyi	ng number		
Type or print	BIODYNAMIC FARMING AND GARDENING ASSOCIATION, INC.					Employer identification number (EIN) or ** - * * 7 5 0 4		
File by the due date for filing your return. See	Pror Number, street, and room or suite no. If a P.O. box, see instructions.					Social security number (SSN)		
instructions.								
Enter the	Return Code for the return that this application is for (f	file a separa	te application for each return)					
Applicati	on	Return	Application			Return		
Is For		Code	Is For			Code		
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990	-BL	02	Form 1041-A			08		
Form 472	0 (individual)	03	Form 4720 (other than individual)			09		
Form 990	-PF	04	Form 5227			10		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	T (trust other than above) ROBERT KARP	06	Form 8870			12		
 If the c If this is box [1 I read for t [[one No. \blacktriangleright (262) $6\overline{49-9212}$ organization does not have an office or place of busines s for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or X tax year beginning <u>APR 1, 2016</u> the tax year entered in line 1 is for less than 12 months, Change in accounting period	t Group Exe and atta FEBRI e organizatio	emption Number (GEN) I ch a list with the names and EINs of JARY 15, 2018 , to file on's return for: d ending MAR 31, 2017	f this is fo all memb	r the whole <u>c</u> pers the exten ppt organizat	group, check this nsion is for.		
3a lfth	his application is for Forms 990-BL, 990-PF, 990-T, 4720	0, or 6069,	enter the tentative tax, less any					
non	refundable credits. See instructions.			3a	\$	0.		
b If th	is application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y refundable credits and					
esti	estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.		
c Bal	ance due. Subtract line 3b from line 3a. Include your p	ayment wit	h this form, if required,					
by ı	using EFTPS (Electronic Federal Tax Payment System)	. See instru	ctions.	3c	\$	0.		
instructio	If you are going to make an electronic funds withdrawans. or Privacy Act and Paperwork Reduction Act Notice			453-EO ai		9-EO for payment 8868 (Rev. 1-2017)		

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045