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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Internal Revenue Service Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

| For calendar year 2009, or tax year beginning, | | and ending | | |
|---|--|---------------------------|--|---|
| G Check all that apply: Initial return | | rmer public charity | Final return | l |
| Amended return | Address chan | ge <u> </u> | Name change | |
| Use the IRS Name of foundation | | | A Employer identification | number |
| label. Otherwise, THE BIOPHILIA FOUNDAT | ION, INC | | 52-2199334 | |
| print Number and street (or P O box number if mail is not do | | Room/suite | B Telephone number | |
| or type. C/O RICHARD PRITZLAFF | '. 102 SPOT C | LUB RD | • | 9876 |
| See Specific City or town, state, and ZIP code | <u>, </u> | | C If exemption application is p | |
| Instructions. ARNOLD, MD 21012 | | | D 1. Foreign organizations | |
| H Check type of organization: X Section 501(c)(3) ex | cempt private foundation | : | Foreign organizations me check here and attach co | eting the 85% test, |
| Section 4947(a)(1) nonexempt charitable trust | Other taxable private founda | ition | E If private foundation sta | |
| I Fair market value of all assets at end of year J Account | ing method: X Cash | Accrual | under section 507(b)(1) | (A), check here |
| | ther (specify) | | F If the foundation is in a | 60-month termination |
| 8,597,213. (Part I, colu | mn (d) must be on cash l | pasis.) | under section 507(b)(1 | (B), check here |
| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| 1 Contributions, gifts, grants, etc., received | 1,109,844. | ** . === | | |
| 2 Check if the foundation is not required to attach Sch B | | | | |
| 3 Interest on savings and temporary cash investments | 1,051. | 1,051. | | STATEMENT 1 |
| Dividends and interest from securities 5a Gross rents | 10,317. | 10,317. | | STATEMENT 2 |
| 5a Gross rents | | | | |
| b Net rental income or (loss) | 070 507 | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 CDE of Gross sales price for all 1, 263, 564. | 978,597. | | | |
| p assets on line 6a 1, 203, 304. | | 978,597. | | |
| 7 Capital gain net income (from Part Vieros) 8 Net short-term capital-gain | | 310,331. | | |
| 9 Income modifications | | | | |
| Z 10a Gross sales less returns 10a and allowarices AIIG 1 6 2010 | | | | |
| 10a and allowardes AUG 6 2010 CD | | | | |
| b Ret gain or (loss) from sale of assets not on line 10 b Gross sales price for all 1, 263, 564. 7 Capital gain net income (from Part Views) 8 Net short-termicapital gain 9 Income modifications 10a Gross sales less returns 10a and allowarices AUG b Less Costar goods sold c Gross profit for (loss) | | | | |
| 0 11 Other income OGDEN | 72,074. | 0. | | STATEMENT 3 |
| 12 Total. Add lines 1 through 11 | 2,171,883. | 989,965. | 72,074. | |
| 13 Compensation of officers, directors, trustees, etc | 0. | 0. | 0. | 0. |
| 14 Other employee salaries and wages | 124,610. | 0. | 0. | 124,610. |
| 15 Pension plans, employee benefits | 5,834. | 0. | 0. | 5,834. |
| 6 16a Legal fees b Accounting fees STMT 4 | 22 156 | 11 070 | | 11 070 |
| b Accounting fees STMT 4 | 22,156. | 11,078. | 0. | 11,078. |
| c Other professional fees 17 Interest 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 | 52,000. | 0. | 0. | 52,000. |
| E 18 Taxes STMT 5 | 2,768. | 0. | 0. | 105. |
| 19 Depreciation and depletion | 2,700. | | • | |
| E 20 Occupancy | | | | · · · · · · · · · · · · · · · · · · · |
| 21 Travel, conferences, and meetings | 3,748. | 0. | 0. | 3,748. |
| 22 Printing and publications | | | | , , , , , |
| 23 Other expenses STMT 6 | 419,718. | 12,416. | 72,074. | 335,228. |
| 24 Total operating and administrative | | | | |
| expenses. Add lines 13 through 23 | 630,834. | 23,494. | 72,074. | 532,603. |
| 25 Contributions, girts, grants paid | 504,470. | | | 504,470. |
| 26 Total expenses and disbursements. | | | | |
| Add lines 24 and 25 | 1,135,304. | 23,494. | 72,074. | 1,037,073. |
| 27 Subtract line 26 from line 12: | 1 036 550 | | | |
| 8 Excess of revenue over expenses and disbursements | 1,036,579. | 066 471 | | - · · · · · · · · · · · · · · · · · · |
| b Net investment income (if negative, enter -0-) C Adjusted net income (if negative, enter -0-) | | 966,471. | 0. | |
| 923501 02-02-10 LHA For Privacy Act and Paperwork Reduction | Act Notice can the instruct | rinns | | Form 990-PF (2009) |

| Г | Part II Balance Sheets Attached schedules and amounts in the description | Beginning of year | | End of year | | | |
|---------------------------|--|--|----------------|----------------|-----------------------|--|--|
| <u>-</u> | uil | Balance Sneets Column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value | | |
| | 1 | Cash - non-interest-bearing | <52,511.> | 55,336. | <u>55,336.</u> | | |
| | 2 | Savings and temporary cash investments | | | | | |
| | 3 | Accounts receivable ▶ | | | | | |
| | | Less: allowance for doubtful accounts ▶ | | | | | |
| | 4 | Pledges receivable ▶ | | | | | |
| | | Less; allowance for doubtful accounts ▶ | | | | | |
| | 5 | Grants receivable | | | <u> </u> | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | | |
| | | disqualified persons . | | | | | |
| | 7 | Other notes and loans receivable | | | | | |
| | | Less; allowance for doubtful accounts ▶ | | | | | |
| ş | 8 | Inventories for sale or use | | | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | | | |
| 4 | 10a | Investments - U.S. and state government obligations | | | | | |
| | b | Investments - corporate stock STMT 7 | 70,062. | 141,472. | 141,472. | | |
| | C | Investments - corporate bonds | | | | | |
| | 11 | Investments - land, buildings, and equipment, basis | | | | | |
| | | Less accumulated depreciation | | | | | |
| | 12 | Investments - mortgage loans | | | | | |
| | 13 | Investments - other | | | | | |
| | 14 | Land, buildings, and equipment: basis ► 8,400,405. | | | | | |
| | | Less accumulated depreciation | 8,400,405. | 8,400,405. | <u>8,400,405.</u> | | |
| | 15 | Other assets (describe ► STATEMENT 8) | 90,185. | 0. | 0. | | |
| | | | | | | | |
| _ | 16 | Total assets (to be completed by all filers) | 8,508,141. | 8,597,213. | <u>8,597,213.</u> | | |
| | 17 | Accounts payable and accrued expenses | | | | | |
| | 18 | Grants payable | | | | | |
| S | 19 | Deferred revenue . | | | | | |
| Ě | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | | |
| Liabilities | 21 | Mortgages and other notes payable | 1,300,000. | 1,300,000. | | | |
| _ | 22 | Other liabilities (describe > STATEMENT 9) | 7,645. | 7,789. | | | |
| | | | | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 1,307,645. | 1,307,789. | | | |
| | | Foundations that follow SFAS 117, check here | | | | | |
| | | and complete lines 24 through 26 and lines 30 and 31. | | | | | |
| ces | 24 | Unrestricted | 7,200,496. | 7,289,424. | | | |
| <u>a</u> | 25 | Temporarily restricted . | | | | | |
| Ba | 26 | Permanently restricted | | | | | |
| בַּ | | Foundations that do not follow SFAS 117, check here | | | | | |
| Ĕ | | and complete lines 27 through 31. | | | | | |
| Š | 27 | Capital stock, trust principal, or current funds | | | | | |
| Set | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | | | |
| As | 29 | Retained earnings, accumulated income, endowment, or other funds | | | | | |
| Net Assets or Fund Balanc | 30 | Total net assets or fund balances | 7,200,496. | 7,289,424. | | | |
| | | | | | | | |
| _ | 31 | Total liabilities and net assets/fund balances | 8,508,141. | 8,597,213. | | | |
| P | art | III Analysis of Changes in Net Assets or Fund B | alances | | | | |
| 1 | Tota | I net assets or fund balances at beginning of year - Part II, column (a), line | 30 | [T | ····· | | |
| - | | st agree with end-of-year figure reported on prior year's return) | | 1 | 7,200,496. | | |
| 2 | • | r amount from Part I, line 27a | • | 2 | 1,036,579. | | |
| | | r increases not included in line 2 (itemize) | | 3 | 0. | | |
| | | lines 1, 2, and 3 | | 4 | 8,237,075. | | |
| | | eases not included in line 2 (itemize) SECURITIES MAR | KET ADJUSTMENT | 5 | 947,651. | | |
| | | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | | 6 | 7,289,424. | | |

52-2199334

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Form **990-PF** (2009)

THE BIOPHILIA FOUNDATION, INC

Form,990-PF (2009)

923521 02-02-10

Form **990-PF** (2009)

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|----|--|----------|-----------------|--------------|--------------|
| | irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4 | 948 - se | <u>∍ instru</u> | ction | ns) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1% | 1 | | 9,6 | <u>65.</u> |
| | of Part I, line 27b | | | | |
| | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | _2 | | | 0. |
| 3 | Add lines 1 and 2 | 3 | | 9,6 | <u>65.</u> |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | 9,6 | <u>65.</u> |
| 6 | Credits/Payments: | | | | |
| а | 2009 estimated tax payments and 2008 overpayment credited to 2009 . 6a 4,760. | | | | |
| b | Exempt foreign organizations - tax withheld at source 6b | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c 10,000. | | | | |
| d | Backup withholding erroneously withheld 6d | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | 1 | 4,7 | 60. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | |
| | Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | 5,0 | 95. |
| | Enter the amount of line 10 to be: Credited to 2010 estimated tax | 11 | | | 0. |
| | rt VII-A Statements Regarding Activities | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene | ın | | Yes | No |
| - | any political campaign? | | 1a | | Х |
| Ь | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | 1b | | X |
| _ | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe | d or | 13 | | |
| | distributed by the foundation in connection with the activities. | - 0. | | | |
| | Did the foundation file Form 1120-POL for this year? | | 10 | | x |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | |
| u | (1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$ 0 . | | | | |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | |
| C | managers. > \$0 . | | | | |
| 9 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | х |
| 2 | If "Yes," attach a detailed description of the activities | | | | |
| 9 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | | |
| 3 | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | , | 3 | | x |
| 40 | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | 4a 4b | | _^ |
| _ | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 74 \ V | 5 | | х |
| 5 | If "Yes," attach the statement required by General Instruction T | | 5 | | |
| e | · | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | |
| | By language in the governing instrument, or By state legislation that offertrick among the coverning instrument on that no manufacture dispatches that conflict with the state. | lovu | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state | law | | _v | |
| - | remain in the governing instrument? | | 7 | X | |
| ′ | Did the foundation have at least \$5,000 in assets at any time during the year? | | / | ^ | |
| • | If "Yes," complete Part II, col. (c), and Part XV. | | | | |
| Вa | Enter the states to which the foundation reports or with which it is registered (see instructions) | | - | | |
| | MD, NM | | - | ' | 1 |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | | ,, | |
| _ | of each state as required by General Instruction G? If "No," attach explanation | | 8 <u>b</u> | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale | noar | | | |
| | year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV | m.er | 9 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? It "year" attach a schedule letter their persons and addresses. | ጥዠጥ 1 (|) 10 | l X | 1 |

| | 990-PF (2009) THE BIOPHILIA FOUNDATION, INC 52-219 ort VII-A Statements Regarding Activities (continued) | 9334 | ı | Page 5 |
|------|---|----------------|-------|----------|
| | | | — 1 | |
| - 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) | 44 | | v |
| 10 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | 11 | | <u> </u> |
| 12 | August 17, 2008? | 12 | | X |
| 12 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | х | <u> </u> |
| 10 | Website address ► N/A | [13] | | |
| 14 | The books are in care of ► RICHARD G. PRITZLAFF Telephone no. ► (410) | 315 | -98 | 76 |
| '' | Located at > 102 SPOT CLUB RD, ARNOLD, MD | | | 70 |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | 11012 | | \Box |
| 10 | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| Pa | ort VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | 7.43 | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly): | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days.) | 1 | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| _ | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | |
| • | before the first day of the tax year beginning in 2009? | 1c | 1 | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | |
| - | defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| а | At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| _ | before 2009? | | | |
| | If "Yes," list the years \blacktriangleright , | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | |
| _ | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | statement - see instructions.) N/A | 2ъ | | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | > | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after | | | |
| _ | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | | |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | | | |
| | Form 4720, to determine if the foundation had excess business holdings in 2009.) N/A | 3ь | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2009? | 4b | | X |
| | | orm 990 | -PF (| |

| Form 990-PF (2009) THE BIOPHILIA FOUNDATION | | | <u>52-21993</u> | 34 Page 6 |
|---|---|-----------------------------|--|---|
| Part VII-B Statements Regarding Activities for Which | Form 4720 May Be I | Required (contin | ued) | |
| 5a During the year did the foundation pay or incur any amount to: | | | _, | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 1 "" | | as X No | |
| (2) Influence the outcome of any specific public election (see section 4955); | or to carry on, directly or indir | | | |
| any voter registration drive? | | | es X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | - | Ye | es X No | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | on described in section | | _ | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | | as X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary | , or educational purposes, or | | | |
| the prevention of cruelty to children or animals? | | | es X No | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un | · | ın Regulations | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instri | | N/A | 5b | |
| Organizations relying on a current notice regarding disaster assistance check I | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to | | | _, | |
| expenditure responsibility for the grant? | Ŋ | I/A ∐Yı | es No | |
| If "Yes," attach the statement required by Regulations section 53.494 | 5-5(d) | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | _ | |
| a personal benefit contract? | | | as X No | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a | personal benefit contract? | | L | 6b X |
| If "Yes" to 6b, file Form 8870. | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax | shelter transaction? | Y4 | S X No | |
| b If yes, did the foundation receive any proceeds or have any net income attribut | | | | 7b |
| Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors | ees, Foundation Ma | nagers, Highly | y | |
| 1 List all officers, directors, trustees, foundation managers and their | compensation. | | | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit plans | (e) Expense |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | and deferred compensation | account, other allowances |
| RICHARD G. PRITZLAFF | DIRECTOR | | | |
| 102 SPOT CLUB ROAD |] | | | |
| ARNOLD, MD 21012 | 10.00 | 0. | 0. | 0. |
| SARAH PAGE PRITZLAFF | DIRECTOR | | | |
| 102 SPOT CLUB ROAD | | | | |
| ARNOLD, MD 21012 | 2.00 | 0. | 0. | 0. |
| JOHN GERBER | DIRECTOR | | | |
| 216 PEAR TREE FARM LANE | | | | |
| QUEENSTOWN, MD 21658 | 2.00 | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | <u> </u> | ļ | | |
| 2 Compensation of five highest-paid employees (other than those inc | | enter "NONE." | (d) 0 - 11 0 - 11 | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
| NONE | | | | |
| |] | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | 1 | | | |
| | | | | |
| | 1 | | | |
| | L | <u> </u> | <u> </u> | |
| Total number of other employees paid over \$50,000 | | | ▶ | 0 |

| Form 990-PF (2009) THE BIOPHILIA FOUNDATION, INC | 52- | 2199334 Page 7 |
|--|------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | n Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "No | ONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | <u>▶1</u> 0 |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produced | nformation such as the | Expenses |
| 1 <u>N/A</u> | | |
| 2 | | |
| | | |
| 3 | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines | 1 and 2. | Amount |
| 1 <u>N/A</u> | | |
| 2 | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| Total Add lines 1 through 3 | | 0. |

Form **990-PF** (2009)

| P | Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndation | s, see instructions.) |
|----|--|------------|-----------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | 186,996. |
| | Average of monthly cash balances | 1b | 187,747. |
| | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 374,743. |
| | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. |] | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 374,743. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 5,621. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 369,122. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 18,456. |
| P | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.) | nd certair | 1 |
| 1 | Minimum investment return from Part X, line 6 | | 18,456. |
| 2a | Tax on investment income for 2009 from Part VI, line 5 | | <u></u> |
| b | Income tax for 2009. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 9,665. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 8,791. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 8,791. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 8,791. |
| P | art XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 1,037,073. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 1,037,073. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income. Enter 1% of Part I, line 27b | 5 | 9,665. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 1,027,408. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation | nualifies | |

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
|--|---------------|----------------------------|---------------|-------------|
| 1 Distributable amount for 2009 from Part XI, | | | | |
| line 7 | | | | 8,791. |
| 2 Undistributed income, if any, as of the end of 2009 | | | | |
| a Enter amount for 2008 only | | | 0. | |
| b Total for prior years: | | 0 | | |
| 3 Excess distributions carryover, if any, to 2009: | | 0. | | |
| a From 2004 454, 416. | | | | |
| b From 2005 594,620. | | | | |
| c From 2006 503,932. | | | | |
| dFrom 2007 864, 263. | | | | |
| e From 2008 848,063. | | | | |
| f Total of lines 3a through e | 3,265,294. | | | |
| 4 Qualifying distributions for 2009 from | | | | |
| Part XII, line 4: ► \$ 1,037,073. | | | | |
| a Applied to 2008, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | _ | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | _ | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2009 distributable amount | 1 000 000 | | | 8,791. |
| e Remaining amount distributed out of corpus | 1,028,282. | | | |
| 5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 4,293,576. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | . , |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2008. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2009. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2010 | | | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2004 | 454 416 | | | |
| not applied on line 5 or line 7 | 454,416. | | | |
| 9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a | 2 020 160 | | | |
| F | 3,839,160. | | | |
| 10 Analysis of line 9: a Excess from 2005 594,620. | | | | |
| b Excess from 2006 503, 932. | | | | |
| c Excess from 2007 864, 263. | | | | |
| d Excess from 2008 848, 063. | | | | |
| e Excess from 2009 1,028,282. | | | | |
| | | | _ | |

| | PHILIA FOUN | | | | 199334 Page 10 |
|--|--|-----------------------------|--------------------------|--------------------------------|----------------------|
| Part XIV Private Operating F | | | 1-A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | | | | | |
| foundation, and the ruling is effective for | · · | • | ຺ ▶∟_ | | |
| b Check box to indicate whether the found | | ng foundation described | | 4942(j)(3) or 4 | 1942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | 41,000 | Prior 3 years | 4,0000 | - <u>-</u> |
| income from Part I or the minimum | (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | | | <u> </u> |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c | | | | | |
| 3 Complete 3a, b, or c for the | | | <u> </u> | | |
| alternative test relied upon: | | | 1 | | |
| a "Assets" alternative test - enter: (1) Value of all assets | | | | | |
| (2) Value of assets qualifying | | | | | |
| under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return | • | | | | |
| shown in Part X, line 6 for each year | | | | | |
| listed . | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, dividends, rents, payments on | | | | | |
| securities loans (section | | | | | |
| 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public | | | | | |
| and 5 or more exempt organizations as provided in | | | | | |
| section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | | | |
| Part XV Supplementary Info | rmation (Comple | te this part only | if the foundati | on had \$5,000 or m | ore in assets |
| at any time during t | he year-see the | instructions.) | | | |
| 1 Information Regarding Foundation | n Managers: | | | | |
| a List any managers of the foundation wh | o have contributed more | than 2% of the total con | tributions received by | the foundation before the cl | ose of any tax |
| year (but only if they have contributed n | nore than \$5,000). (See s | section 507(d)(2).) | | | |
| RICHARD G. PRITZLAFF | | | | | |
| b List any managers of the foundation wh | | | (or an equally large p | ortion of the ownership of a | partnership or |
| other entity) of which the foundation has | s a 10% of greater intere | SL. | | | |
| NONE | | | | | |
| 2 Information Regarding Contributi | | | | | |
| Check here X if the foundation o | nly makes contributions | to preselected charitable | organizations and do | es not accept unsolicited rec | juests for funds. If |
| the foundation makes gifts, grants, etc. | ` | | | s, complete items 2a, b, c, ar | 10 0. |
| a The name, address, and telephone num | ber of the person to who | m applications should be | addressed: | | |
| | | | | | |
| b The form in which applications should b | e submitted and informa | ition and materials they s | hould include: | | |
| c Any submission deadlines: | | | | | |
| | | ··· | | ····· | |
| d Any restrictions or limitations on awards | s, such as by geographic | al areas, charitable fields | , kınds of ınstitutions, | or other factors: | |
| | | | | | |

Page 11

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | | |
|--|--|--------------------------------------|----------------------------------|----------|--|--|--|
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount | | | |
| Name and address (home or business) | or substantial contributor | recipient | ••••• | | | | |
| a Paid during the year | or šubstantial contributor | recipient | | | | | |
| SEE STATEMENT 11 | | | | | | | |
| Total | | | ▶ 3a | 504,470. | | | |
| NONE Total | | | ▶ 3h | 0. | | | |

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated | Unrelated | business income | Exclude | ed by section 512, 513, or 514 | (0) |
|---|-------------------------|---------------------------------------|--|--|---|
| Enter gross amounts unless otherwise indicated. | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | (e) Related or exempt function income |
| 1 Program service revenue: | coue | | 41 | | |
| a FARMING INCOME | - - | | 41 | 66,774. 5,300. | |
| b HUDSON TRAILS INCOME | | | 41 | 5,300. | |
| <u> </u> | | | | | |
| d | _ | | - | | |
| e | | | | | |
| | | · · - | ╁┼- | | |
| g Fees and contracts from government agencies | - - | | ├ | | · - · · - |
| 2 Membership dues and assessments | | · · · · · · · · · · · · · · · · · · · | ├ - | ······································ | |
| 3 Interest on savings and temporary cash | | | امدا | 1 051 | |
| investments | | | 14 | 1,051. 10,317. | |
| 4 Dividends and interest from securities | | • | 14 | 10,31/. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | - | | ╂──┼ | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property . | | | \vdash | | |
| 7 Other investment income | | · · · · | \vdash | | |
| 8 Gain or (loss) from sales of assets other | | | امما | | |
| than inventory | | | 18 | 978,597. | |
| 9 Net income or (loss) from special events | | | - | | |
| 10 Gross profit or (loss) from sales of inventory | - | | - | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | _ | | | | |
| · | | | | | · · · · · · · · · · · · · · · · · · · |
| d | _ | | | | |
| e | | | - | 1 060 030 | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | <u> </u> | 1,062,039. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 1,062,039. |
| (See worksheet in line 13 instructions to verify calculations. Part XVI-B Relationship of Activities | | nplishment of Ex | cempt | Purposes | |
| Line No. Explain below how each activity for which in | | | contribu | ited importantly to the accomp | olishment of |
| the foundation's exempt purposes (other th | an by providing fund | s for such purposes). | | | |
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| | Part XVII Information Regarding Transfers To | | 52-219 and Relationships With Nonch | | | ge 13 |
|-----------|---|---------------------------------------|--|-----------------|----------|-------|
| | Exempt Organizations | | | | | |
| 1 | | | | <u> </u> | Yes | No |
| | the Code (other than section 501(c)(3) organizations) or in section | · | izations? | | | |
| а | a Transfers from the reporting foundation to a noncharitable exempt | t organization of: | | | | |
| | (1) Cash | | | 1a(1) | | X |
| | (2) Other assets | | | 1a(2) | | X |
| b | b Other transactions: | | | - 1 | | |
| | (1) Sales of assets to a noncharitable exempt organization | | | 1b(1) | | X |
| | (2) Purchases of assets from a noncharitable exempt organization | Π | | 1b(2) | | X |
| | (3) Rental of facilities, equipment, or other assets | | | 1b(3) | | X |
| | (4) Reimbursement arrangements | | | 1b(4) | | X |
| | (5) Loans or loan guarantees | | | 1b(5) | | X |
| | (6) Performance of services or membership or fundraising solicit | ations . | | 1b(6) | | X |
| | c Sharing of facilities, equipment, mailing lists, other assets, or paid | · · | | 1c | | X |
| | d If the answer to any of the above is "Yes," complete the following s or services given by the reporting foundation. If the foundation rec column (d) the value of the goods, other assets, or services received to the pool (c) Name of noncharity (c) Name of noncharity | eived less than fair market valu | e in any transaction or sharing arrangement, | show in | | |
| , 4, | | | (d) Description of transfers, transactions, an | o snaring ar | rangeme | nts |
| | N/Z | 1 | | | | |
| | | | | | | |
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| | | | | | | |
| | a Is the foundation directly or indirectly affiliated with, or related to, or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c)(3). b If "Yes," complete the following schedule. | section 527? | | Yes | X |] No |
| _ | (a) Name of organization | (b) Type of organization | (c) Description of relation | iship | | |
| | N/A | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | - | |
| | Under penalties of perjury, I declare that I have examined this return, including a and complete Declaration of preparer (other than taxpayer or fiduciary) is based | | | s true, corre | ict, | |
| are | Signature of officer or trustee | Date | Title | | | |
| Sign Here | Preparer's signature Rim's name (or yours KERBER, ECK & BRAIL it self-employed), 125 S. 84TH STREET | | Oate Check if self-8/02/10 employed Prepa | rer's identif | ying nun | nber |
| | Rim's name (or yours KERBER, ECK & BRAI | ECKEL LLP | EIN ► | | | |
| | It self-employed), address, and ZIP code MILWAUKEE, WI 5321 | | Phone no. 414 - | - <u>456</u> - | 109 | 9 |

414-456-1099 Form **990-PF** (2009)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number Name of the organization THE BIOPHILIA FOUNDATION, INC 52-2199334 Organization type (check one): Filers of: Section: Form 990 or 990-EZ √ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

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

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

THE BIOPHILIA FOUNDATION, INC

52-2199334

| Part I | Contributors (see instructions) | | |
|------------|--|-----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | RICHARD G. PRITZLAFF 102 SPOT CLUB RD ARNOLD, MD 21012 | \$\frac{1,106,844.}{} | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |

| ouplius damo co | DOCO TOT THE OIL HITCOTHICH THEOHIC | | | |
|---|---|---|---|---|
| | describe the kind(s) of property soluck warehouse; or common stock, 2 | | (b) How acquire P - Purchase D - Donation | d (c) Date acquired (d) Date sold (mo., day, yr.) |
| 1a PIMCO INVESTMENT GRADE CORP BD FD I #56 | | | | |
| b VANGUARD CALVE | | | | 04/20/0912/08/09 |
| | AWAY INC DEL CL | | P | 02/23/0903/10/09 01/25/0002/23/09 |
| | AWAY INC DEL CL | | P | 01/25/0002/23/09 |
| e BRISTOL MYERS | | В | P | 01/25/0004/20/09 |
| f COCA COLA CO C | | | P | 12/27/7906/02/09 |
| g EXXON MOBIL CO | | | P | 01/01/7502/23/09 |
| h EXXON MOBIL CO | | | P | 01/01/7502/23/09 |
| FEDERAL HOME L | | | P | 00/40/00/00/ |
| j HEWLETT PACKAR | | | P | 09/19/0501/12/09 01/29/8504/20/09 |
| k JOHNSON & JOHN | | | P | 12/14/7902/23/09 |
| JOHNSON & JOHN | | | P | 12/14/7906/02/09 |
| m MCDONALDS CORP | <u> </u> | | P | 08/25/8802/23/09 |
| n PEPSICO INC CO | M | | P | 02/10/8304/20/09 |
| | OGIES CORP | | P | 04/29/9106/02/09 |
| | (f) Depreciation allowed | (g) Cost or other basis | | h) Gain or (loss) |
| (e) Gross sales price | (or allowable) | plus expense of sale | (e) | plus (f) minus (g) |
| a 79,590. | | 69,334. | | 10,256. |
| b 366. | | 442. | | <u> </u> |
| c 9,523. | | 6,811. | | 2,712. |
| d 149,155. | | 85,136. | | 64,019. |
| e 199,883. | | 7,582. | | 192,301. |
| f 104,529. | | 3,117. | | 101,412. |
| g 75,121. | | 1,933. | | 73,188. |
| h 103,517. | | 2,654. | | 100,863. |
| i 50,880. | | 49,971. | | 909. |
| 47,147. | | 4,719. | | 42,428. |
| k 73,043. | | 2,168. | | 70,875. |
| 102,701. | | 2,966. | | 99,735. |
| m 136,757. n 10,258. | | 13,575. | | 123,182. |
| $ \begin{array}{cccccccccccccccccccccccccccccccccccc$ | | 359. 11,085. | | 9,899. |
| | g gain in column (h) and owned by | | 411.0 | 94,002. |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | Gains (excess | sses (from col. (h)) of col. (h) gain over col. (k), not less than "-0-") |
| a | | | | 10,256. |
| <u>b</u> | | | | <u> </u> |
| C | | | | 2,712. |
| d | | | | 64,019. |
| e | | | | 192,301. |
| f | | | | 101,412. |
| 9 | | | | 73,188. |
| <u>h</u> | · · · · · · · · · · · · · · · · · · · | | | 100,863. |
| | | · - | | 909. |
| <u> </u> | | | | 42,428. |
| k | | · · · · · · · · · · · · · · · · · · · | | 70,875. |
| m | | | | 99,735. |
| n | | | | 123,182. |
| 0 | | | | 9,899. |
| <u> </u> | | | | 94,002. |
| 2 Capital gain net income or (net ca | pital loss) { If gain, also enter "-0 | ın Part I, line 7 -" ın Part I, line 7 | 2 | |
| Net short-term capital gain or (los If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8 | | d (6): | 3 | |
| | | | _ U L | |

| | ses for Tax on investment income | | T | | |
|--|--|---|--|--|---------------------------------------|
| 2-story bri | describe the kind(s) of property so ick warehouse; or common stock, 2 | 00 shs. MLC Co. | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a VANGUARD CALVE | RT SOCIAL INDEX | FD | P | 12/14/07 | 02/23/09 |
| b VANGUARD CALVE | RT SOCIAL INDEX | FD | P | 10/15/02 | 03/10/09 |
| c SALE OF EQUIPME | | | P | | |
| d CAPITAL GAINS I | | | | | |
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| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h |) Gain or (loss) plus (f) minus (g) | |
| | (OI AIIOWADIE) | | (e) (| one (1) minus (9) | |
| 15,104. | | 23,047. | | | <7,943. |
| 46. | | 68. | | | <22. |
| 650. | | | - | | 650. |
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| | g gain in column (h) and owned by | the foundation on 12/31/69 | (1) 1 o | noon (from not (h)) | |
| Complete only for assets showing | | | (I) LO: Gains /excess | sses (from col. (h)) of col. (h) gain ove | rool(k) |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | but r | ot less than "-0-") | |
| | 4001120700 | over som (j), it unly | | ····· | .7 042 |
| a l | ···· | | | ···· | <u><7,943.</u> |
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| Capital gain net income or (net cap | oital loss) { If gain, also ente | r in Part I, line 7 0-" in Part I, line 7 | 2 | | 978,597. |
| , | | _ | - | <u></u> | J10, J31. |
| 3 Net short-term capital gain or (los: If gain, also enter in Part I, line 8, 6 | s) as defined in sections 1222(5) ai | 10 (6): | | | |
| If (loss), enter "-0-" in Part I, line 8 | oomini (6). | ŗΙ | | N/A | |
| | | | ו ט | N/A | |

| FORM 990-PF INTEREST ON SAVINGS AND | D TEMPORARY CASH | INVESTMENTS | STATEMENT 1 |
|--|-----------------------------|-----------------------------------|-------------------------------|
| SOURCE | | | AMOUNT |
| MARSHALL MONEY MARKET | | - | 1,051. |
| TOTAL TO FORM 990-PF, PART I, LINE | 3, COLUMN A | = | 1,051. |
| FORM 990-PF DIVIDENDS AND | INTEREST FROM SE | CURITIES | STATEMENT 2 |
| SOURCE | C GROSS AMOUNT | APITAL GAINS DIVIDENDS | COLUMN (A) AMOUNT |
| EXXON MOBIL CORP JOHNSON & JOHNSON MARSHALL PRIME MONEY MARKET CL I PIMCO INVESTMENT GRADE CORP BD | 421. 616. 1,164. | 0. 0. 0. | 421. 616. 1,164. |
| FD I #56 VANGUARD SHORTH TERM CORP FUND - ADMIRAL | 5, 427. 2,896. | 207. 0. | 5,220. 2,896. |
| TOTAL TO FM 990-PF, PART I, LN 4 | 10,524. | 207. | 10,317. |
| FORM 990-PF OTI | HER INCOME | | STATEMENT 3 |
| DESCRIPTION | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| FARMING INCOME HUDSON TRAILS INCOME | 66,77 4 5,300 | | 66,774. |
| TOTAL TO FORM 990-PF, PART I, LINE | 11 72,074 | • 0. | 72,074. |

| FORM 990-PF | ACCOUNTI | NG FEES | ra | ATEMENT 4 |
|---|--|--|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| ACCOUNTING | 22,156. | 11,078. | 0. | 11,078. |
| TO FORM 990-PF, PG 1, LN 16B | 22,156. | 11,078. | 0. | 11,078. |
| FORM 990-PF | TAX | ES | Sī | ATEMENT 5 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | | (D) CHARITABLE PURPOSES |
| REAL ESTATE TAXES EXCISE TAX | 105. 2,663. | 0. | 0. | 105. |
| TO FORM 990-PF, PG 1, LN 18 = | 2,768. | 0. | 0. | 105. |
| FORM 990-PF | OTHER E | XPENSES | Sī | ATEMENT 6 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| BANK SERVICE CHARGES DUES AND SUBSCRIPTIONS INSURANCE INVESTMENT MGMT FEE OFFICE SUPPLIES AND EXPENSE POSTAGE AND DELIVERY PRITZLAFF RANCH EXPENSES MASSEY FARM EXPENSES DORCHESTER FARM EXPENSES HUDSON TRAIL EXPENSES TALISMAN FARM EXPENSES NATURE'S LESSONS PROGRAM SOUTHRIVER GREENWAY PROJECT | 116. 1,176. 3,538. 5,138. 1,440. 243. 291,985. 26,117. 39,869. 16,023. 1,800. 7,253. 15,467. 1,625. | 116. 588. 1,769. 5,138. 720. 121. 0. 0. 0. | 0. 0. 0. 0. 0. 0. 26,117. 39,869. 4,288. 1,800. 0. | 0. 588. 1,769. 0. 720. 122. 291,985. 0. 0. 11,735. 0. 7,253. 15,467. 1,625. |
| ADVERTISING TELEPHONE MISCELLANEOUS EXPENSES | 2,652. 5,276. | 1,326. 2,638. | 0. | 1,326. 2,638. |

| FORM 990-PF (| CORPORATE STOCK | | STATEMENT 7 |
|-----------------------------------|-------------------------------|---------------------------|----------------------|
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| SECURITIES - M&I TRUST CO | | 141,472. | 141,472. |
| TOTAL TO FORM 990-PF, PART II, LI | INE 10B | 141,472. | 141,472. |
| FORM 990-PF | OTHER ASSETS | | STATEMENT 8 |
| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKET VALUE |
| MITIGATION FUNDS RECEIVABLE | 90,185. | 0. | 0. |
| TO FORM 990-PF, PART II, LINE 15 | 90,185. | 0. | 0. |
| FORM 990-PF OT | THER LIABILITIES | | STATEMENT 9 |
| DESCRIPTION | | BOY AMOUNT | EOY AMOUNT |
| PAYROLL LIABILITIES | | 7,645. | 7,789. |
| TOTAL TO FORM 990-PF, PART II, L | INE 22 | 7,645. | 7,789. |

| | STANTIAL CONTRIBUTORS VII-A, LINE 10 | STAT | EMENT 1 |
|---|--|---------------------|----------|
| NAME OF CONTRIBUTOR | ADDRESS | | |
| RICHARD PRITZLAFF | 102 SPOT CLUB ROAD ARNOLD, MD 21012 | | |
| | AND CONTRIBUTIONS DURING THE YEAR | STAT | EMENT 11 |
| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | RECIPIENT STATUS | AMOUNT |
| AGRO ECOLOGY, INC. UNIVERSITY OF MD PO BOX 169 QUEENSTOWN, MD 21658 | HABITAT/LAND | PUBLIC | 3,000 |
| AMERICAN FOREST FOUNDATION 1111 NINETEENTH ST. NW, STE 780 WASHINGTON, DC 20036 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 10,000. |
| AMERICAN BIRD CONSERVANCY PO BOX 249 THE PLAINS, VA 201980249 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 50,000 |
| AMERICAN CHESTNUT FOUNDATION 160 ZILLICOA ST., STE D ASHEVILLE, NC 28801 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 5,000 |
| CHESAPEAKE WILDLIFE HERITAGE INC. PO BOX 1745 EASTON, MD 21601 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 120,000 |
| CENTER FOR BIOLOGICAL DIVERSITY PO BOX 710 TUCSON, AZ 85702 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 40,531. |

| THE BIOPHILIA FOUNDATION, INC | | | 52-2199334 |
|--|--------------------------------------|--------|------------|
| CHESAPEAKE BAY COMMISSION 60 WEST ST., STE 406 ANNAPOLIS, MD 21401 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 10,000. |
| DEFENDERS OF WILDLIFE PO BOX 1553 MERRIFIELD, VA 221161553 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 60,000. |
| EARTH WORKS INST. 1413 SECOND ST., STE. 4 SANTE FE, NM 87505 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 3,000. |
| FOREST GUILD PO BOX 519 SANTE FE, NM 87504 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 3,000. |
| FRIENDS OF BLACKWATER 501 ELIZABETH ST., RM 3 CHARLESTON, WV 25311 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 5,000. |
| GRAND CANYON TRUST PO BOX 1236 FLAGSTAFF, AR 860021236 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 15,000. |
| NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR. RESTON, VA 20190 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 25,000. |
| NEW MEXICO STATE UNIVERSITY MEMORIAL MIDDGE SCHOOL AG SCIENCE - 901 DOUGLAS AVE LAS VEGAS, NV 87701 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 2,500. |
| PINCHOT INSTITUTE 1616 P STREET, STE. 100 WASHINGTON, DC 20036 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 23,000. |
| POPULATION ACTION INTERNATIONAL 1300 19TH ST. N.W. 2ND FLOOR WASHINGTON, DC 20036 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 15,000. |

| THE BIOPHILIA FOUNDATION, INC | | | 52-2199334 |
|--|--------------------------------------|--------|------------|
| RIVER NETWORK 520 SW 6TH AVE. STE. 1130 PORTLAND, OR 97204 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 15,000. |
| SCENIC RIVERS LAND TRUST PO BOX 2008 ANNAPOLIS, MD 21404 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 25,392. |
| SEVENTH GENERATION INST. PO BOX 2008 ANNAPOLIS, MD 21404 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 10,000. |
| SOUTH RIVER LAND TRUST, INC. PO BOX 2008 ANNAPOLIS, MD 21404 | | PUBLIC | 2,121. |
| WATER STEWARDSHIP, INC. 222 SEVERN AVE., STE. 11 ANNAPOLIS, MD 21402 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 25,000. |
| WATERKEEPER ALLIANCE 500 S. BUCKOUT ST., STE. 302 IRVINGTON, NY 10533 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 14,583. |
| ROY WEITZELL, SR. 163 WIDNER DR. WINCHESTER, VA 22603 | NONE HABITAT/LAND CONSERVATION | NONE | 943. |
| WILDLANDS PROJECT PO BOX 5284 TITUSVILLE, FL 32783 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 15,000. |
| CHESAPEAKE BAY TRUST 60 WEST ST., STE 405 ANNAPOLIS, MD 21401 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 1,000. |
| LAND TRUST ALLIANCE 1600 L STREET NW, STE. 1100 WASHINGTON, DC 200365635 | NONE HABITAT/LAND CONSERVATION | PUBLIC | 5,000. |

THE BIOPHILIA FOUNDATION, INC

52-2199334

QUIRVRIA COALITION 1413 2ND ST., STE #1 SANTE FE, HABITAT/LAND

NM 87505

NONE CONSERVATION PUBLIC

400.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

504,470.

Form **8868**

(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

| THE BIOPHILIA FOUNDATION, INC Number, street, and room or suite no. If a P.O. box, see instructions. | Internal f | Revenue Service | ► File a separate application for each return. | | _ |
|---|---------------------------|--|---|------------|---|
| Corporation required to file Form 990.T and requesting an automatic 6-morth extension - check this box and complete I are to represent the file from 120 complete I are to file income tax returns | • If yo | ou are filing for an Add | litional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this | | |
| If the corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to five income tax returns | Part | I Automatic | 3-Month Extension of Time. Only submit original (no copies needed). | | |
| of the national tax returns in iterations (e-fiel). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns toled below (6 months for a corporation required to file Form 990.7). However, you cannot file Form 8868 electronically if (1) you want the additional not automatic) 3 month extension or (2) you file Forms 990 BL 6608, or 8870, group returns, or a composite or considered Form 990.7 Instead, our must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit was your view of provided and click on e-file for Chartes & Nonzorfits. THE BIOPHILIA FOUNDATION, INC 52-2199334 | • | • | Form 990-T and requesting an automatic 6-month extension - check this box and comp | plete | ▶ □ |
| oted below (6 months for a corporation required to file Form 990T). However, you cannot file Form 8888 electronically if (1) you want the additional not automatic.) 3 month extension or (2) you file forms 990 BL goods, or 870, group refurns, or a composite or consolidated Form 990T. Instead, you must submit the fully completed and signed page 2 [Part II] of Form 8868. For more details on the electronic filing of this form, visit was you're and click on e-file for Chartness & Nonprofits. Name of Exempt Organization THE BIOPHILIA FOUNDATION, INC 100 PM | | | ding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an | exten | sion of time |
| THE BIOPHILIA FOUNDATION, INC Number, street, and room or suite no. if a P.O. box, see instructions. C/O RICHARD PRITZLAFF, 102 SPOT CLUB RD City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARNOLID, MD 21012 Check type of return to be filed(file a separate application for each return) | noted (not al you m | below (6 months for a stomatic) 3 month extust submit the fully co | corporation required to file Form 990-T). However, you cannot file Form 8868 electronic ension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cor impleted and signed page 2 (Part II) of Form 8868. For more details on the electronic fili | cally if | (1) you want the additional ated Form 990-T. Instead, |
| THE BIOPHILIA FOUNDATION, INC Number, street, and room or suite no. If a P.O. box, see instructions. | Туре | or Name of Exemp | t Organization | Empi | loyer identification number |
| Number, street, and room or suite no. If a P.O. box, see instructions. C/O RICHARD PRITZLAFF, 102 SPOT CLUB RD Check type of return to be filed (file a separate application for each return) Form 990 Form 990-IL Form 990-IC Form 990- | print | | WILL TO BOID DE BLOW TWO | _ | 0 0100334 |
| C/O RICHARD PRITZLAFF, 102 SPOT CLUB RD | File by ti | | | | 2-2199334 |
| Stretuctions City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARNOLD, MD 21012 Check type of return to be filed (file a separate application for each return) Form 990 Form 990-T (corporation) Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5027 Form 990-E Form 990-F Form 1041-A RICHARD G. PRITZLAFF The books are in the care of ▶ 102 SPOT CLUB RD - ARNOLD, MD 21012 Telephone No ▶ (410) 315-9876 FAX No. ▶ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover. I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 If the exempt organization's return for: X Calendar year 2009 or Tax year beginning If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF or 990-T, enter any refundable credits. See instructions Balance Due, Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. | | | | | |
| Check type of return to be filed (file a separate application for each return) Form 990 | return S | ee C/O KICII | | | |
| Check type of return to be filed (file a separate application for each return) Form 990 | | | | | |
| The books are in the care of 102 SPOT CLUB RD - ARNOLD , MD 21012 Telephone No (410) 315-9876 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover. I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2009 or Lax year beginning , and ending If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance Due, Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. 3c \$ 10,000. | | Form 990 Form 990-BL Form 990-EZ | Form 990-T (corporation) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A Form 88 | 27 169 | |
| Telephone No ► (410) 315-9876 FAX No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box ► and attach a list with the names and ElNs of all members the extension will cover. I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above The extension is for the organization's return for: X calendar year 2009 or X calendar year 2009 or The extension is for less than 12 months, check reason: Initial return Final return Change in accounting period If this tax year is for less than 12 months, check reason: Initial return And ending If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ 14,760. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 4,760. Balance Due, Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. 3c \$ 10,000. | • The | books are in the care | | | |
| If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box | | | | | |
| I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 2009 or tax year beginning , and ending . If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a \$ 14,760. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ 4,760. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. 3c \$ 10,000. | | - | • | s is foi | r the whole group, check this |
| AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X Calendar year 2009 OR | box 🕨 | ► . If it is for par | t of the group, check this box $lacktriangle$ and attach a list with the names and EINs of all r | memb | ers the extension will cover. |
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. 3a \$ 14,760. | | AUGUST 15 is for the organization X calendar year | , 2010 , to file the exempt organization return for the organization named allows return for: 2009 or | | The extension |
| nonrefundable credits. See instructions b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. 3a \$ 14,760. | 2 | If this tax year is for le | ss than 12 months, check reason: Initial return Final return | | Change in accounting period |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. 3b \$ 4,760. 10,000. | | | · | | |
| tax payments made. Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. 3b \$ 4,760. | | | | 3a | \$ 14,760. |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. 3c \$ 10,000. | | | · · · · · · · · · · · · · · · · · · · | <u>.</u> . | 4 760 |
| deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. 3c \$ 10,000. | | | | _3b | \$ 4,/50. |
| | | deposit with FTD cou | · , , | 20 | 10 000 |
| | | | make an electronic fund withdrawal with this form 0000, and form 0450.50 and form | | ΞΟ,ΟΟΟ. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Form 8868 (Rev. 4-2009)