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Form **990-PF**

Return of Private Foundation

OMB No 1545-0052

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

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

▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf. Department of the Treasury Internal Revenue Service For calendar year 2015 or tax year beginning and ending

Open to Public Inspection

101	,01011	tau your zo to or tax your boginning			, and chang		
Nar	ne of	foundation				A Employer identification	number
_	***3	DIODUITI IA EOIMOA	TIT () NT	TNO		F2 2100224	
		BIOPHILIA FOUNDA' and street (or P O box number if mail is not del		INC address)	Room/suite	52-2199334 B Telephone number	
		BOX 1753		,	1.00.000	410-822-51	0.0
		own, state or province, country, and ZIF	or foreign n	ostal code		C If exemption application is p	
-		TON, MD 21601	o. loloigi. p	00.0.		o ii exemplion application is p	ending, chack hare
		all that apply: Initial return		Initial return of a fo	rmer public charity	D 1. Foreign organizations	, check here
		Final return		Amended return			
		Address cha	ange	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation
H C	heck	type of organization: X Section	· / <u>· · ·</u>	empt private foundation		E If private foundation sta	tus was terminated
	<u>Se</u>	ction 4947(a)(1) nonexempt charitable		Other taxable private founda	tion	under section 507(b)(1)	(A), check here
l Fa	ır ma	arket value of all assets at end of year	J Account	=	Accrual	F If the foundation is in a	60-month termination
		Part II, col. (c), line 16)		ther (specify)	 _	under section 507(b)(1)	(B), check here
_	\$			mn (d) must be on cash b	pasis.)	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Pa	<u>irt l</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and necessarily equal the amounts in column (a)	i (d) may not	(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., receiv	/ed	51,000.			
	2	Check In the foundation is not required to	attach Sch B				
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities		8,873.	7,702.		STATEMENT 1
	5a	Gross rents					
	b	Net rental income or (loss)					
ō	6a	Net gain or (loss) from sale of assets not on li		-2,448.		FOE	EIVED
Revenue	b		<u>,626.</u>			NL'	LIVE O
ě	7	Capital gain net income (from Part IV, line 2)			0.	 	1 0 0016
_	8	Net short-term capital gain				<u>& </u>	1 6 2016
	9	Income modifications Gross sales less returns					18
	10a				·	106	DEN, UT
		Less Cost of goods sold [
	11	Other income					
	12	Total. Add lines 1 through 11		57,425.	7,702.	0.	
co -	13	Compensation of officers, directors, trustees,	etc	0.	0.		0.
Õ	14	Other employee salaries and wages		41,286.	0.	0.	41,286.
SCANNE	15	Pension plans, employee benefits					
₹		Legal fees					
	b	Accounting fees					
310 € AVW G∃ and Administrative Expen	C	•	MT 2	5,000.	0.	0.	5,000.
ĕĕ	17	Interest		250			250
řťa,	18		MT 3	358.	0.	0.	358.
֓֞֝֟֝֟֝֟֝֟֝֟֝֝֓֞֝֟֝֟֝֟֝֓֓֓֟֝֟֝ <u>֚֚֚֚֚֚֚֚֚</u>	19	Depreciation and depletion		12,363.	0.	0.	12 262
ر اور	20	Occupancy Travel, conferences, and meetings		14,303.			12,363.
2 6	21	Printing and publications					
	22 23	- •	MT 4	148,770.	3,284	0.	145,486.
ţi	24	Total operating and administrative		1 = 0 , 7 , 7 0 6			T=2\400•
23 Other expenses STMT 4 148,770. 3,284. 24 Total operating and administrative expenses. Add lines 13 through 23 207,777. 3,284.						0.	204,493.
Ö	25	Contributions, gifts, grants paid		75,000.			75,000.
		Total expenses and disbursements.					
	L	Add lines 24 and 25		282,777.	3,284.	0.	279,493.
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbur	sements	-225,352.	 	<u> </u>	
	b	Net investment income (if negative, ente	er -0-)		4,418		
	C	Adjusted net income (if negative, enter -	D-)			0.	

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INC

<u>52-</u>2199334

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BIOPHILIA FOUNDATION

	BIOPHILIA FO				5	2-2199	9334	Page 3
	and Losses for Tax			(b) Un				
(a) List and desc	ribe the kind(s) of property so arehouse; or common stock, 2	Id (e.g., real estate,		(b) How acquired P - Purchase	(c) Date	acquired lay, yr.)	(d) Dat (mo., da	
	ardinado, or dominion stock, 2			D - Donation		43, 3,		
b SEE ATTACHED	STATEMENT				 -	+		
C	D IIII DIIDI(I				 -			
d			-		<u> </u>			
e								
(e) Gross sales price	(f) Depreciation allowed		st or other basis			ain or (loss)		
(0)	(or allowable)	plus e	expense of sale		(e) plus	s (f) mınus (g)	
a								
b								
<u>C</u>								
e 338,626.			341,07			 _		440
Complete only for assets shown	ng gain in column (h) and own	ed by the foundation		4.	/I) Coine /C	'al (h) gain r		<u>,448.</u>
Complete only for access offern	(j) Adjusted basis		cess of col. (I)		col. (k), but r	Col. (h) gain n not less than	-0-) or	
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any		Losses	(from col. (h))	
a	· · · · · · · · · · · · · · · · · · ·							
b								
C								
d								
е			·					,448.
		o enter in Part I, line		7				
2 Capital gain net income or (net ca	ipital loss) 🔪 🐧 (loss), er	nter -0- in Part I, line	7	f 2				<u>,448.</u>
3 Net short-term capital gain or (los	•	2(5) and (6):						
If gain, also enter in Part I, line 8,	column (c).			 		37 / 3		
Part V Qualification U	nder Section 4940(e) for Reduced	Tax on Net	Investment I	ncome	N/A		
(For optional use by domestic private		<u>*</u>			11001110			
(1 of optional use by domestic private	, roundations subject to the se	ction 4340(a) tax on	i net mvestinent me	Joine.)				
If section 4940(d)(2) applies, leave tl	nis part blank.							
Was the foundation liable for the sec	tion 4942 tax on the distributa	ble amount of any ve	ear in the base peri	od?		ſ	Yes	X No
if "Yes," the foundation does not qual	ify under section 4940(e). Do	not complete this pa	art.					
1 Enter the appropriate amount in	each column for each year; sec	e the instructions be	fore making any en	itries.				
(a) Base period years	(b			(c)	. [Distribil	(d) ition ratio	
Calendar year (or tax year beginni	ng in) Adjusted qualifyi		Net value of non	icharitable-use ass		(col. (b) divid	ded by col.	
2014		165,126.		874,4				88838
2013		201,754.		1,152,8				75007
2012		379,568. 611,211.		416,7				$\frac{10792}{60645}$
2011		709,294.		281,8 171,5				6864 <u>5</u> 34740
2010		103,434.		1/1,3	= J •		# • I	<u> </u>
2 Total of line 1, column (d)					2		7.5	78022
3 Average distribution ratio for the	5-vear base period - divide the	total on line 2 by 5.	or by the number of	of vears	- -		. • 5	. <u> </u>
the foundation has been in existe			o. o,	.,,	3		1.5	15604
	······································							
4 Enter the net value of noncharitab	le-use assets for 2015 from P	art X, line 5			4		606	,689.
5 Multiply line 4 by line 3					_ 5		919	<u>,500.</u>
6 Enter 1% of net investment incon	ne (1% of Part I, line 27b)				6			44.
							24.5	F 4 4
7 Add lines 5 and 6					7		919	<u>,544.</u>
	- B - 1 W0 - L 2						270	402
8 Enter qualifying distributions from					8		419	<u>,493.</u>
If line 8 is equal to or greater than See the Part VI instructions.	I line 7, check the box in Part \	VI, line 1b, and comp	piete that part using	a 1% tax rate.				
523521 11-24-15						Fr	orm 990 -	PF (2015)

523521 11-24-15

_	1990-PF (2015) THE BIOPHILIA FOUNDATION, INC		<u> 2199</u>			<u> Page 4</u>
_	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948	- see i	nstru	ictio	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_	Ļ		_	<u>88.</u>
	of Part I, line 27b					
C	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				88.
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				88.
6	Credits/Payments:					
a	2015 estimated tax payments and 2014 overpayment credited to 2015					
b	Exempt foreign organizations - tax withheld at source	1				
C	Tax paid with application for extension of time to file (Form 8868)	1				
	Backup withholding erroneously withheld	1				
	Total credits and payments. Add lines 6a through 6d	7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				88.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				<u> </u>
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	11				
	art VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene		_	<u> </u>	Yes	No
-	any political campaign?	, 111		1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	112		1b		X
•	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	,		10	_	
	distributed by the foundation in connection with the activities.	eu or				
	Did the foundation file Form 1120-POL for this year?					37
	•			10		<u>X</u>
u	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. > \$ 0. (2) On foundation managers. > \$ 0.	-				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. > \$					••
Z	Has the foundation engaged in any activities that have not previously been reported to the IRS?			_2_		<u> </u>
•	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u> </u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		1/2	4a		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
Ð	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		<u> </u>
^	If "Yes," attach the statement required by General Instruction T.					
p	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 effectively amends the governing instrument so that no mandatory directions that conflict with the state in the state of the state	e law				
	remain in the governing instrument?			6	<u>X</u>	
7	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	/		7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	MD, NM					
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			8b	_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 calc	endar				
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

b If "Yes," did it have excess business holdings in 2015 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.

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2015.)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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X

36

4a

N/A

Orm 990-PF (2015) THE BIOPHILIA FOUNDATIO		D	52-21993	34	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be I	Required (contin	nued)		
5a During the year did the foundation pay or incur any amount to:				İ	
(1) Carry on propaganda, or otherwise attempt to influence legislation (sect	,		es 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?	0		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposition.		Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizat	ion described in section	<u> </u>	[35]		
4945(d)(4)(A)? (see instructions)	-, -u -d		es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literar the prevention of cruelty to children or animals?	y, or educational purposes, or		. चि.	ŀ	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	ador the evertions described		es X No	İ	
section 53.4945 or in a current notice regarding disaster assistance (see inst		in Regulations	37 / 3	-	
Organizations relying on a current notice regarding disaster assistance check	•		N/A	5b	+-
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		unad			1
expenditure responsibility for the grant?			es No		
If "Yes," attach the statement required by Regulations section 53.49		1/A TI	es LINO		
6a Did the foundation, during the year, receive any funds, directly or indirectly, t					
a personal benefit contract?	o pay premiums on		es X No	İ	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	nersonal henefit contract?			6ь	x
If "Yes" to 6b, file Form 8870.	personal benefit contract:		-	-	-
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	□ v	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attri		L I'		7b	
Part VIII Information About Officers, Directors, Trus		nagers. Highly		,,,	
Paid Employees, and Contractors			•		
List all officers, directors, trustees, foundation managers and their	r compensation.				
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) l	Expense unt, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allo	wances
RICHARD G. PRITZLAFF	PRESIDENT/DIF	ECTOR			
L877 BROADWAY, SUITE 100					
BOULDER, CO 80302	6.00	0.	0.		0.
JOHN GERBER	_TREASURER/DIR	ECTOR			
216 PEAR TREE FARM LANE					
QUEENSTOWN, MD 21658	2.00	0.	0.		0.
CHRISTOPHER B. PUPKE	EXECUTIVE DIR	ECTOR		l	
L016 BURRISVILLE RD	_				
CENTREVILLE, MD 21617	2.00	0.	0.	<u> </u>	<u> </u>
	_				
	4		ļ		
Compensation of five highest-paid employees (other than those in	ocluded on line 1) If none	enter "NONE "	<u> </u>	<u> </u>	
	(b) Title, and average	enter HOME.	(d) Contributions to	(a)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accoi	Expense unt, other wances
NONE	devoted to position		compensation	aii0	wances
NONE	-			1	
		 			
	7				
	7				
	7				
otal number of other employees paid over \$50,000				-	0

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Part VIII . Information About Officers, Directors, Trustees, Foundation Ma Paid Employees, and Contractors (continued)	nagers, Highly	-	<u>-</u>
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Comper	nsation
NONE	(-)		
3,7,12			
Total number of others receiving over \$50,000 for professional services		•	0
Part IX-A Summary of Direct Charitable Activities			<u>_</u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informa	tion such as the	_	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses	
1 LAND CONSERVATION AND WILDLIFE HABITAT RESTORATION	N AND		
CONSERVATION			
		204,1	29.
2			
3			
4			
	<u> </u>		
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	2.	Amount	
1 N/A			
2			
All other program-related investments. See instructions.			
3			
Total Add lines 1 through 3	▶		Λ

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: 3 a Suitability test (prior IRS approval required)

b Cash distribution test (attach the required schedule)

b Program-related investments - total from Part IX-B

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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279,493.

1a

1b

2

3a

3b

4

6

Part XIII Undistributed Income (see instructions)

`	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				30,246.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2015:		0.		
a From 2010 712,611.				
b From 2011 597,119.				
c From 2012 358,731.				
dFrom 2013 144,112.				
e From 2014 121,565.				
f Total of lines 3a through e	1,934,138.			
4 Qualifying distributions for 2015 from				· · · · · · · · · · · · · · · · · · ·
Part XII, line 4: ►\$ 279,493.				
a Applied to 2014, 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 2015 distributable amount				30,246.
e Remaining amount distributed out of corpus	249,247.			
5 Excess distributions carryover applied to 2015 (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:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,183,385.			
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 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010	710 611			
not applied on line 5 or line 7	712,611.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	1,470,774.			
10 Analysis of line 9:	1,4/0,//4.			
a Excess from 2011 597, 119.				
b Excess from 2012 358,731.				
c Excess from 2013 144,112.				
d Excess from 2014 121,565.				
e Excess from 2015 249, 247.				
				Form 990-PE (2015)

Part XIV Private Operating Fo	oundations (see ins				1-4199334 Faye II
1 a If the foundation has received a ruling or			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
foundation, and the ruling is effective for					
b Check box to indicate whether the found		-	in section	4942(j)(3) or [4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	g roundation documed	Prior 3 years	3 4542(J)(0) OI [1942()(0)
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for				(-/	(0,101)
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII.					
line 4 for each year listed					
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			ļ		
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter;					
(1) Value of all assets			Ì		
(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			į.	1	
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)				ļ	
(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 foundation	had \$5,000	or more in assets
at any time during the					
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who	have contributed more	han 2% of the total cont	ributions received by the	e foundation before	the close of any tax
year (but only if they have contributed m	ore than \$5,000). (See so	ection 507(d)(2).)			
RICHARD G. PRITZLAFF					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large porti	on of the ownershi	p of a partnership or
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here 🕨 🗶 if the foundation of	nly makes contributions t	o preselected charitable	organizations and does	not accept unsolicit	ed requests for funds. If
the foundation makes gifts, grants, etc. (see instructions) to indiv	iduals or organizations u	inder other conditions, c	omplete items 2a, t	o, c, and d.
a The name, address, and telephone numb	er or e-mail address of t	he person to whom appl	ications should be addre	essed:	
b The form in which applications should be	e submitted and informat	ion and materials they s	hould include:		
c Any submission deadlines:					· · · · · · · · · · · · · · · · · · ·
d Any restrictions or limitations on sweeds	cuch as hy assessables	l argae charitable fields	kinds of institutions as	other factors	
d Any restrictions or limitations on awards	, audii aa uy yeoyiapiiica	ii ai cas, chailtable lielus,	Killus VI Histitutiviis, VI	Outer lacturs.	

Form 990-PF (2015) THE BIOPHILIA	A FOUNDATION, 1	INC	52-2199	9334 Page 11
Part XV Supplementary Information				·
3 Grants and Contributions Paid During the Y Recipient	ear or Approved for Future	Payment		
Name and address (home or business)	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
a Paid duning the year	or substantial contributor	100.011		
a valo daling the year				
CHESAPEAKE WILDLIFE HERITAGE INC.	NONE	PUBLIC	HABITAT/LAND	
PO BOX 1745			CONSERVATION	75 000
EASTON, MD 21601				75,000.
	 			
				·
		<u> </u>		
	<u> </u>	<u> L</u>		
b Approved for future payment		T	> 3a	75,000.
• Approved for fatare payment				
NONE				
				
		ļ		
			 	
	<u> </u>	<u> </u>		

Part XVI-A **Analysis of Income-Producing Activities**

enter gross amounts unless otherwise indicated.	(a)	(b)	(C)	(d)	(e) Related or exempt
1 Program service revenue:	Business code	Amount	sion	Amount	function income
8					
b					-
c					
d					
e			\Box	,	
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash	1		1		
investments					_
4 Dividends and interest from securities			14	8,873.	
5 Net rental income or (loss) from real estate:			<u> </u>		
a Debt-financed property					
b Not debt-financed property			 _		
6 Net rental income or (loss) from personal	1		1		
property					
7 Other investment income	ļ.—.				
8 Gain or (loss) from sales of assets other					
than inventory			14		
9 Net income or (loss) from special events	 		 		
IO Gross profit or (loss) from sales of inventory			 		
1 Other revenue:			1		
a	- -		\vdash		
b	1 1				
C			 		
d			╁╌╌┼		
2 Subtotal. Add columns (b), (d), and (e)	-	0.	╁╾┼	6,425.	0
3 Total. Add line 12, columns (b), (d), and (e)			1 1	13	
See worksheet in line 13 instructions to verify calculations.)	1			···	0/423
Part XVI-B Relationship of Activities		naliahmant of Ex	· a mand	Dumage	
Part AVI-B Relationship of Activities	to the Accor	inhusiument of Ex	(empi	. Purposes	
Line No. Explain below how each activity for which in			contribi	uted importantly to the accomp	olishment of
the foundation's exempt purposes (other the	an by providing fund	s for such purposes).			
					
				 	
					
					
					
					
					
					
				·	
1		- ··			5 000 DE (004)

		r								
							[
	1				,		•			
2a Is	the fou	indation directly or indirect	ly affiliated with,	or related to, one	or more tax-exer	npt organi	zations described			
ın	section	n 501(c) of the Code (other	than section 50	1(c)(3)) or in sect	ion 527?	, ,			Yes	X No
		complete the following sch		. (-/(-// -:						
<u>, , , , , , , , , , , , , , , , , , , </u>	100, 0	(a) Name of org			(b) Type of org	anization		(c) Description of rel	ationship	
		N/A			(-) -)			107		
		N/A								
										
Sign Here	and b	r penalties of perjury, I declare belief, it is true, correct, and con-	plete Declaration o					has any knowledge	May the IRS d return with the shown below (preparer
	2 fg	nature of officer or trustee			Daté '	/	Title			
Paid		Print/Type preparer's na	me A. SLAA	Preparer's s	ignature	4 0	Date 04/28/16	Check if self- employed	PTIN P00963	202
Prep		Firm's name ► KER	BER, EC	& BRAE		•		Firm's EIN ► 4		
		Firm's address > 1 2	5 SOUTH	RATH ST	יווא ייאאא	የጥፑ 1	0.0	l .		

MILWAUKEE, WI 53214-1498

Phone no. (414) 456-1099

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

	THE BIOPHILIA FOUNDATION, INC	52-2199334
Organization type (chec	k 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	ı
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	cial Rule. See instructions.
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions in one contributor. Complete Parts I and II. See instructions for determining a cont	
Special Rules		
sections 509(a)(any one contribu	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sind 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 1: utor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the EZ, line 1. Complete Parts I and II.	3, 16a, or 16b, and that received from
year, total contri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received abutions of more than \$1,000 exclusively for religious, charitable, scientific, literary, of cruelty to children or animals. Complete Parts I, II, and III.	- · · · · · · · · · · · · · · · · · · ·
year, contributio is checked, ente purpose. Do not	cion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ins exclusively for religious, charitable, etc., purposes, but no such contributions toter here the total contributions that were received during the year for an exclusively received any of the parts unless the General Rule applies to this organization becable, etc., contributions totaling \$5,000 or more during the year	aled more than \$1,000 If this box eligious, charitable, etc,
but it must answer "No" (n that is not covered by the General Rule and/or the Special Rules does not file Schoon Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or opet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

THE BIOPHILIA FOUNDATION, INC

52-2199334

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE SAN DIEGO FOUNDATION 2508 HISTORIC DECATUR ROAD, SUITE 200 SAN DIEGO, CA 92106	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE BIOPHILIA FOUNDATION, INC

52-2199334

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u> </u>			
23453 10-28		Schedule B (Form	990, 990-EZ, or 990-PF) (20

Name of organization **Employer identification number** 52-2199334 THE BIOPHILIA FOUNDATION, INC Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF 1	DIVIDENDS	AND INTEREST FROM SECURITIES STATEMENT					
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
BMO HARRIS BANK	8,873.		0.	8,873.	7,702.	8,873.	
TO PART I, LINE 4	8,873.		0.	8,873.	7,702.	8,873.	
FORM 990-PF	OT	HER PROFES	SIO	NAL FEES	ST	'ATEMENT 2	
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) F INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
APPRAISAL FEES		5,000.		0.	0.	5,000.	
TO FORM 990-PF, PG 1,	LN 16C	5,000.	_	0.	0.	5,000.	
FORM 990-PF		TAXES			STATEMENT 3		
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
REAL ESTATE TAXES EXCISE TAX		197. 161.		0.	0.	197. 161.	
TO FORM 990-PF, PG 1,	LN 18	358.		0.	0.	358.	
FORM 990-PF		OTHER E	XPENSES SI			TATEMENT 4	
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) F INVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK SERVICE CHARGES INSURANCE-GENERAL INVESTMENT MGMT FEE OFFICE SUPPLIES AND EX POSTAGE AND DELIVERY PRITZLAFF RANCH EXPENS		106. 12,337. 2,637. 873. 130. 99,737.		106. 0. 2,637. 436. 65.	0. 0. 0. 0.	0. 12,337. 0. 437. 65. 99,737.	

### TELEPHONE	THE BIOPHILIA FOUNDATION, INC	C				52-2199	334
MISCELLANEOUS EXPENSES 75. 37. 0. 28 DEVELOPMENT RIGHTS 25,000. 0. 0. 25,000 TO FORM 990-PF, PG 1, LN 23 148,770. 3,284. 0. 145,486 FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT DESCRIPTION GOV'T GOV'T BOOK VALUE FAIR MARKET VALUE BMO ULTRA ST TAX-FREE INV X 160,047. 160,047 TOTAL U.S. GOVERNMENT OBLIGATIONS TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS 160,047. 160,047 TOTAL TO FORM 990-PF, PART II, LINE 10A 160,047. 160,047 FORM 990-PF CORPORATE BONDS STATEMENT DESCRIPTION BOOK VALUE FAIR MARKET VALUE DESCRIPTION BOOK VALUE FAIR MARKET VALUE TOTAL TO FORM 990-PF, PART II, LINE 10A 196,465. 196,465 DOUBLELINE CORE FIX INCOME FUND 0. 73,803. 73,803 TOTAL TO FORM 990-PF, PART II, LINE 10C 270,268. 270,268 FORM 990-PF OTHER LIABILITIES STATEMENT DESCRIPTION BOY AMOUNT EOY AMOUNT PAYROLL LIABILITIES 2,218	NATURE'S LESSONS PROGRAM				_	7,8	
DEVELOPMENT RIGHTS 25,000. 0. 0. 25,000 TO FORM 990-PF, PG 1, LN 23 148,770. 3,284. 0. 145,486 FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT DESCRIPTION U.S. OTHER BOOK VALUE FAIR MARKET VALUE BMO ULTRA ST TAX-FREE INV X 160,047. 160,047 TOTAL U.S. GOVERNMENT OBLIGATIONS TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS 160,047. 160,047 TOTAL TO FORM 990-PF, PART II, LINE 10A 160,047. 160,047 FORM 990-PF CORPORATE BONDS STATEMENT DESCRIPTION BOOK VALUE FAIR MARKET VALUE OUT OF TOTAL TO FORM 990-PF, PART II, LINE 10A 196,465. 196							4. 20
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TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS TOTAL TO FORM 990-PF, PART II, LINE 10A FORM 990-PF CORPORATE BONDS STATEMENT CORPORATE BONDS STATEMENT DESCRIPTION BOOK VALUE FIDELITY ADVISOR FLOATING RATE VALUE FIDELITY ADVISOR FLOATING RATE VANGUARD SHORT-TERM INVESTMENT GRADE DOUBLELINE CORE FIX INCOME FUND TOTAL TO FORM 990-PF, PART II, LINE 10C TOTAL TO FORM 990-PF, PART II, LINE 10C TOTAL TO FORM 990-PF, PART II, LINE 10C TOTAL TO FORM 990-PF, PART II, LINE 10C TOTAL TO FORM 990-PF OTHER LIABILITIES STATEMENT DESCRIPTION BOY AMOUNT PAYROLL LIABILITIES 2,786. 2,218	BMO ULTRA ST TAX-FREE INV		<u> </u>	160,04	17.	160,0	47.
TOTAL TO FORM 990-PF, PART II, LINE 10A FORM 990-PF CORPORATE BONDS STATEMENT DESCRIPTION BOOK VALUE FAIR MARKET VALUE FAIR MARKET VALUE FORM 990-PF VANGUARD SHORT-TERM INVESTMENT GRADE PEDERATED ULTRASHORT BOND FUND TOTAL TO FORM 990-PF, PART II, LINE 10C TOTAL TO FORM 990-PF, PART II, LINE 10C TOTAL TO FORM 990-PF, PART II, LINE 10C TOTAL TO FORM 990-PF OTHER LIABILITIES STATEMENT DESCRIPTION BOY AMOUNT PAYROLL LIABILITIES 2,786. 2,218	TOTAL U.S. GOVERNMENT OBLIGATION	ONS	•			····	
FORM 990-PF CORPORATE BONDS STATEMENT DESCRIPTION BOOK VALUE VALUE FIDELITY ADVISOR FLOATING RATE VANGUARD SHORT-TERM INVESTMENT GRADE 196,465. 196,465. DOUBLELINE CORE FIX INCOME FUND 0. 73,803. 73,803 TOTAL TO FORM 990-PF, PART II, LINE 10C 270,268. 270,268 FORM 990-PF OTHER LIABILITIES STATEMENT DESCRIPTION BOY AMOUNT EOY AMOUNT PAYROLL LIABILITIES 2,786. 2,218	TOTAL STATE AND MUNICIPAL GOVER	RNMENT OBLIG	ATIONS	160,04	17.	160,0	47
DESCRIPTION BOOK VALUE FAIR MARKET VALUE FIDELITY ADVISOR FLOATING RATE VANGUARD SHORT-TERM INVESTMENT GRADE DOUBLELINE CORE FIX INCOME FUND FEDERATED ULTRASHORT BOND FUND TOTAL TO FORM 990-PF, PART II, LINE 10C FORM 990-PF OTHER LIABILITIES TOTAL TO FORM 990-PF OTHER LIABILITIES	TOTAL TO FORM 990-PF, PART II,	LINE 10A	•	160,04	17.	160,0	47
DESCRIPTION BOOK VALUE FAIR MARKET VALUE FIDELITY ADVISOR FLOATING RATE VANGUARD SHORT-TERM INVESTMENT GRADE DOUBLELINE CORE FIX INCOME FUND FEDERATED ULTRASHORT BOND FUND TOTAL TO FORM 990-PF, PART II, LINE 10C FORM 990-PF OTHER LIABILITIES TOTAL TO FORM 990-PF OTHER LIABILITIES							
DESCRIPTION BOOK VALUE VALUE FIDELITY ADVISOR FLOATING RATE VANGUARD SHORT-TERM INVESTMENT GRADE DOUBLELINE CORE FIX INCOME FUND FEDERATED ULTRASHORT BOND FUND TOTAL TO FORM 990-PF, PART II, LINE 10C FORM 990-PF OTHER LIABILITIES BOOK VALUE 0. 0. 0. 0. 73,465. 196,465. 1	FORM 990-PF	CORPORATE	BONDS		ST	ATEMENT	e
VANGUARD SHORT-TERM INVESTMENT GRADE DOUBLELINE CORE FIX INCOME FUND FEDERATED ULTRASHORT BOND FUND TOTAL TO FORM 990-PF, PART II, LINE 10C FORM 990-PF OTHER LIABILITIES DESCRIPTION PAYROLL LIABILITIES 196,465. 196,	DESCRIPTION			BOOK VALUE			Т
DOUBLELINE CORE FIX INCOME FUND FEDERATED ULTRASHORT BOND FUND TOTAL TO FORM 990-PF, PART II, LINE 10C FORM 990-PF OTHER LIABILITIES DESCRIPTION BOY AMOUNT PAYROLL LIABILITIES 2,786. 200. 73,803. 73,803. 73,803 73,803 73,803 73,803 73,803 73,803 73,803 73,803 73,803 73,803 73,803 73,803 73,803 73,803	FIDELITY ADVISOR FLOATING RATE		•		0.		0
FEDERATED ULTRASHORT BOND FUND TOTAL TO FORM 990-PF, PART II, LINE 10C FORM 990-PF OTHER LIABILITIES BOY AMOUNT PAYROLL LIABILITIES 73,803. 73,803. 73,803. 73,803. 73,803. 73,803. 73,803. 73,803. 73,803. 270,268. 270,278.				196,46		196,4	_
FORM 990-PF OTHER LIABILITIES STATEMENT DESCRIPTION BOY AMOUNT EOY AMOUNT PAYROLL LIABILITIES 2,786. 2,218		J		73,80		73,8	0
DESCRIPTION BOY AMOUNT EOY AMOUNT PAYROLL LIABILITIES 2,786. 2,218	TOTAL TO FORM 990-PF, PART II,	LINE 10C	•	270,26	8.	270,2	68
DESCRIPTION BOY AMOUNT EOY AMOUNT PAYROLL LIABILITIES 2,786. 2,218							
PAYROLL LIABILITIES 2,786. 2,218	FORM 990-PF	OTHER LIABI	LITIES		SI	'ATEMENT	
	DESCRIPTION			BOY AMOUNT	. EC	Y AMOUNT	
TOTAL TO FORM 990-PF, PART II, LINE 22 2,786. 2,218	PAYROLL LIABILITIES		•	2,78	36.	2,2	18
	TOTAL TO FORM 990-PF, PART II,	LINE 22	•	2,78	36.	2,2	18

	(a) List and 2-story bi	d describe the kind(s) of property so rick warehouse; or common stock, 2	ld, e.g., real estate, 00 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	BMO ULTRA SHOR	T TAX-FREE FUND	CL I			12/10/14	01/08/15
_	DOUBLELINE COR			_		12/08/14	
c	DOUBLELINE COR					12/08/14	
d	FEDERATED ULTR	A SHORT FD-INS				t	04/01/15
е	BMO ULTRA SHOR	T TAX-FREE FUND	CL I			03/01/13	01/08/15
f	BMO ULTRA SHOR	T TAX-FREE FUND	CL I			03/01/13	
9	BMO ULTRA SHOR	T TAX-FREE FUND	CL I			03/01/13	05/27/15
h	FIDELITY ADV F	LO RT H/H				07/01/13	05/27/15
_1	FIDELITY ADV F	LO RT H/H				07/01/13	11/17/15
	FIDELITY ADV F	LO RT H/H				07/01/13	12/29/15
_k	VANGUARD FIXED	INCOME SECS FD	SHORT TERM CORP	FD		11/21/13	05/27/15
<u> </u>	CAPITAL GAIN D	ISTRIBUTION					12/31/15
_m							
n							
0							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			Gain or (loss) lus (f) minus (g)	
a	9.		9.				0.
b	25,045.		24,619.	L			426.
C	<u>25,635.</u>		25,427.				208.
<u>d</u>	75,000.		75,301.				-301.
<u>e</u>	<u>54,991.</u>		54,991.				0.
<u>f</u>	25,000.		25,000.				0.
g	60,000.		60,060.				-60.
<u>h</u>	10,000.		10,123.				-123.
	24,973.		26,529.				-1,556.
	12,816.		13,898.				-1,082.
<u>k</u>	25,023.		25,117.				<u>-94.</u>
丄	134.						134.
m							
<u>n</u>				_			
0	Operated ask for assistant about	(1)	10.004.00				
	Complete only for assets snowin	ng gain in column (h) and owned by				ses (from col. (h))	1 (1.)
	(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 of col. (h) gain over col. (k), but not less than "-0-")			
<u>a</u>			-				0.
<u>b</u>							426.
C							208.
<u>d</u>	<u> </u>						-301.
<u>e</u>							0.
<u>f</u>							0.
<u>g</u> _							-60.
<u>h</u>						· · · - · - · - · - · - · · - · · · · ·	-123.
_	·			-			<u>-1,556.</u>
							<u>-1,082.</u>
<u>k</u>							<u>-94.</u>
<u></u>						· - · · · ·	134.
<u>m</u>						<u> </u>	
<u>n</u>		<u>. </u>		-			
0		<u>L</u> . ,	<u> </u>		<u> </u>		
2	Capital gain net income or (net ca	apital loss) { if gain, also enter if (loss), enter "-0	n Part I, line 7 - in Part I, line 7	2			-2,448.
	If gain, also enter in Part I, line 8,		ad (6):			4-	
	If (loss), enter "-0-" in Part I, line 8	5		3_	<u> </u>	N/A	