

# Return of Organization Exempt From Income Tax

**2013**

**Open to Public Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning 01/01, 2013, and ending 12/31, 20 13

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization The Biomimicry Institute  
 Doing Business As The Biomimicry 3'8 Institute  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
PO Box 9216  
 City or town, state or province, country, and ZIP or foreign postal code  
Missoula, MT 59807

**D** Employer identification number  
86-1153859

**E** Telephone number  
406-543-4108

**F** Name and address of principal officer: Beth Rattner  
PO Box 9216, Missoula, MT 59807

**G** Gross receipts \$ 1,397,439

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ www.biomimicry.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 2005 **M** State of legal domicile: MT

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>The purposes of this corporation shall be to naturalize biomimicry in the culture by promoting the transfer of ideas, designs, and strategies from biology to sustainable human systems design.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>8</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>7</b>
	<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>17</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>63</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <u>714,819</u>	<b>Current Year</b> <u>1,285,938</u>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>46,537</u>	<u>98,057</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>2,876</u>	<u>3,449</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>10,017</u>	<u>9,995</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>774,249</u>	<u>1,397,439</u>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>5,000</u>	<u>66,552</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	<u>822,930</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>18,691</u>	<u>22,500</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>259,134</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>1,239,907</u>	<u>670,766</u>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>1,263,598</u>	<u>1,582,748</u>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>-489,349</u>	<u>-185,309</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <u>692,871</u>	<b>End of Year</b> <u>645,672</u>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>78,725</u>	<u>220,686</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>614,146</u>	<u>424,986</u>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: Beth Rattner, Executive Director Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name ▶: \_\_\_\_\_ Firm's EIN ▶: \_\_\_\_\_  
 Firm's address ▶: \_\_\_\_\_ Phone no.: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

The purposes of this corporation shall be to naturalize biomimicry in the culture by promoting the transfer of ideas, designs, and strategies from biology to sustainable human systems design. About Biomimicry: Efforts to address climate change, consumption, pollution, deforestation, poverty, disease and the myriad other issues that threaten the planet have to date been primarily reactive  
(Continued on Schedule O, Statement 1)

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 405,078 including grants of \$ ) (Revenue \$ 0 )

AskNature is a free, online design tool of 1800 natural strategies, organized by function. AskNature is The Biomimicry Institute's flagship product. All biomimicry practitioners need a repository of biological information to provide new design inspiration. AskNature is being redesigned to serve the existing and anticipated needs of The Biomimicry Institute TBI it will be able to accept data entries from a wide range of users, including educators, Network members, university students, and biologists that we hire. The product, developed primarily as a user-centric research tool and extensible as a multiproduct platform, will support third-party applications, including highly curated discipline-specific tools developed by the Biomimicry Group, Inc BGI. AskNature will also accept plugins from our potential design challenge partners, like universities or NASA or National Geographic. As such, it will have single signon and be interoperable between projects, allowing it to also function as the communication platform for all TBI projects. In other words, it is the backbone for all we do. During the first half of 2013 The Biomimicry Institute (TBI) actively bolstered its team of experts and set the stage to prepare for effective and fast-paced design and development cycles as we drive toward a refresh of the existing AskNature web application in the fall of 2013 and an anticipated AskNature 2.0 public launch in early 2014.  
(Continued on Schedule O, Statement 2)

**4b** (Code: ) (Expenses \$ 256,328 including grants of \$ 10,000 ) (Revenue \$ 65,913 )

2. Education Thought Leadership - A. Partnership with Berkeley Center for Green Chemistry: 2013 marked the first year The Biomimicry Institute (TBI) partnered with UC Berkeley Center for Green Chemistry, which focused on the problem of formaldehyde in clothing, as represented by Levi Strauss & Co. The Biomimicry Institute (TBI) co-sponsored and co-taught this interdisciplinary graduate course, Greener Solutions. During the semester, the students used biomimicry as a methodology for finding replacements to binders, a class of chemicals used in textiles. The class evaluated current methods to attach/bind chemicals and coatings to natural polymers (cellulose in cotton, keratin in nails). The formaldehyde, isocyanate, and phenolic resins that have traditionally been used to accomplish these interactions raise health concerns and are often part of and related to problematic material systems. The outcome of this work was an assessment of currently available alternatives, two of which continue to be explored in the lab. The results were published on AskNature. B. Biomimicry Global Conference: 2013 marked the 7th Annual Biomimicry Education Summit, our first Global Conference for practitioners, and of course, the first time the two were happening simultaneously. The conference was an enormous success and was the first time many of the Global Network members met each  
(Continued on Schedule O, Statement 3)

**4c** (Code: ) (Expenses \$ 230,326 including grants of \$ 19,500 ) (Revenue \$ 31,644 )

3. Education and Training: The Biomimicry Institute (TBI) directly reaches many people with different levels of training, and indirectly reaches far more. While we have not yet hit our 200,000 goal for direct training, we are making strides towards it, and we are making some changes in our training strategy that should increase our numbers in the coming years. We have probably exceeded that number in indirect outreach. A. Biomimicry Student Design Challenge: For the last 4 years, The Biomimicry Institute has worked with university students from around the world through the Biomimicry Student Design Challenge (SDC) to encourage innovative thinking inspired by nature that addresses real world problems. Until 2013, we only required teams to submit a design concept, due to the broad scope of the challenge and the fact that they had only a semester to put their entries together. However, we now encourage students to take the next steps; develop working prototypes, and learn about entrepreneurship, marketing, and commercialization in the process. 315 teams, representing approximately 1,260 university students from 19 countries registered for the 2013 Biomimicry Student Design Challenge on Transportation. Because most students have not been trained in biomimicry,  
(Continued on Schedule O, Statement 4)

**4d** Other program services (Describe in Schedule O.) See Schedule O, Statement 5  
(Expenses \$ 320,676 including grants of \$ 37,052 ) (Revenue \$ 500 )

**4e** Total program service expenses **▶** 1,212,408

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	✓	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		✓
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		✓
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II . . . . .	✓	
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		✓
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	✓	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	✓	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	✓	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No		
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	25		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	✓		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	17		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	<b>2b</b>	✓		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>			
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>		✓	
<b>b</b>	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		✓	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		✓	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		✓	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		✓	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		✓	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		✓	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
 Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► None
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Beth Rattner, (406)543-4108

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Janine Benyus Director	4 40	<input checked="" type="checkbox"/>						0	143,133	10,064
David Oakey Director	2.00 0	<input checked="" type="checkbox"/>						0	0	0
Lynelle Cameron Director	1 0	<input checked="" type="checkbox"/>						0	0	0
Duke Stump Director	2.00 0	<input checked="" type="checkbox"/>						0	0	0
John Elkington Director	1 0	<input checked="" type="checkbox"/>						0	0	0
Ashok Goel Director	1 0	<input checked="" type="checkbox"/>						0	0	0
Cynthia Hester President	3 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Paul Tripp Treasurer	4 0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Bryony Schwan Executive Director	40 40			<input checked="" type="checkbox"/>				45,369	43,846	8,738
Beth Rattner Executive Director	40 35			<input checked="" type="checkbox"/>				53,707	46,964	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>							99,076	233,943	18,802	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							99,076	233,943	18,802	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	✓

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	0			
	<b>b</b> Membership dues . . . . .	<b>1b</b>	0			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	0			
	<b>d</b> Related organizations . . . . .	<b>1d</b>	0			
	<b>e</b> Government grants (contributions)	<b>1e</b>	0			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,285,938			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		201			
	<b>h Total.</b> Add lines 1a-1f . . . . .		1,285,938			
<b>Program Service Revenue</b>		<b>Business Code</b>				
	<b>2a</b> <u>Biomimicry Educational Workshops and</u>	611600	19,730	19,730	0	0
	<b>b</b> <u>Biomimicry Online Courses</u>	611600	4,515	4,515	0	0
	<b>c</b> <u>Biomimicry Product Sales</u>	611600	3,935	3,935	0	0
	<b>d</b> <u>2013 Global Biomimicry Conference</u>	611600	65,913	65,913	0	0
	<b>e</b> <u>Student Design Challenge Application</u>	611600	3,964	3,964	0	0
	<b>f</b> All other program service revenue . . . . .		0	0	0	0
	<b>g Total.</b> Add lines 2a-2f . . . . .		98,057			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		3,449	0	0	3,449
	<b>4</b> Income from investment of tax-exempt bond proceeds		0	0	0	0
	<b>5</b> Royalties . . . . .		9,995	9,995	0	0
		(i) Real	(ii) Personal			
	<b>6a</b> Gross rents . . . . .					
	<b>b</b> Less: rental expenses . . . . .					
	<b>c</b> Rental income or (loss) . . . . .	0	0			
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
	<b>b</b> Less: cost or other basis and sales expenses . . . . .					
	<b>c</b> Gain or (loss) . . . . .	0	0			
	<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . . .					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue		<b>Business Code</b>				
<b>11a</b> -----						
<b>b</b> -----						
<b>c</b> -----						
<b>d</b> All other revenue . . . . .			0	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . .			0			
<b>12 Total revenue.</b> See instructions. . . . .			1,397,439	108,052	0	3,449

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	15,000	15,000		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	51,552	51,552		
<b>4</b> Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	184,531	111,886	23,272	49,373
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
<b>7</b> Other salaries and wages	485,571	336,543	44,226	104,802
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,110	11,121	1,681	3,308
<b>9</b> Other employee benefits	87,952	60,485	9,577	17,890
<b>10</b> Payroll taxes	48,766	33,836	4,788	10,142
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	0	0	0	0
<b>b</b> Legal	4,989	0	4,989	0
<b>c</b> Accounting	0	0	0	0
<b>d</b> Lobbying	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17	22,500			22,500
<b>f</b> Investment management fees	0	0	0	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	379,819	376,568	1,493	1,758
<b>12</b> Advertising and promotion	15,071	10,890	0	4,181
<b>13</b> Office expenses	23,090	17,548	1,477	4,065
<b>14</b> Information technology	32,463	17,032	1,849	13,582
<b>15</b> Royalties				
<b>16</b> Occupancy	41,377	31,966	2,740	6,671
<b>17</b> Travel	55,815	35,129	9,443	11,243
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	103,833	95,901	0	7,932
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	5,813	4,351	554	908
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Foreign Exchange Loss	4,749	0	4,749	0
<b>b</b> Direct Paid Workers Compensation Insuran	2,165	1,566	102	497
<b>c</b> Reimbursed Workers Compensation Insuranc	1,582	1,034	266	282
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,582,748	1,212,408	111,206	259,134
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	460,342	<b>1</b>	165,287
	<b>2</b> Savings and temporary cash investments . . . . .	99,615	<b>2</b>	350,071
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	3,914	<b>4</b>	1,731
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	22,173
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	27,572	<b>9</b>	7,465
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments—publicly traded securities . . . . .	101,428	<b>11</b>	98,945
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	692,871	<b>16</b>	645,672	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	78,725	<b>17</b>	112,702
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	94,252
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	13,732
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	78,725	<b>26</b>	220,686
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	501,103	<b>27</b>	422,745
	<b>28</b> Temporarily restricted net assets . . . . .	113,043	<b>28</b>	2,241
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	614,146	<b>33</b>	424,986
<b>34</b> Total liabilities and net assets/fund balances . . . . .	692,871	<b>34</b>	645,672	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,397,439
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,582,748
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-185,309
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	614,146
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-5,302
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	1,451
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	424,986

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Name of the organization <b>The Biomimicry Institute</b>	Employer identification number <b>86-1153859</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? . . . . .	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	<b>11g(iii)</b>	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	889,814	756,991	1,076,110	714,819	1,285,938	4,723,672
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0		0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	889,814	756,991	1,076,110	714,819	1,285,938	4,723,672
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						3,034,040
<b>6 Public support.</b> Subtract line 5 from line 4.						1,689,632

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .	889,814	756,991	1,076,110	714,819	1,285,938	4,723,672
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	884	1,286	10,279	12,893	13,444	38,786
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .		1,430			0	1,430
<b>11 Total support.</b> Add lines 7 through 10						4,763,888
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	534,401
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	35.47 %
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	32.12 %
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . .
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . .

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A, Part II, Line 10 - Other Income: 2009: \$0; 2010: \$1430 for use of company mailing list; 2011: \$0; 2012: \$0; 2013: \$0

Lined area for supplemental information.



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

86-1153859

The Biomimicry Institute

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Revenues included in Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ .....%
- b** Permanent endowment ▶ .....%
- c** Temporarily restricted endowment ▶ .....%

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	0	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	<b>1,392,137</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments . . . . .	<b>2a</b> -5,302		
b	Donated services and use of facilities . . . . .	<b>2b</b> 0		
c	Recoveries of prior year grants . . . . .	<b>2c</b> 0		
d	Other (Describe in Part XIII.) . . . . .	<b>2d</b> 0		
e	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	-5,302
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	<b>1,397,439</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b> 0		
b	Other (Describe in Part XIII.) . . . . .	<b>4b</b> 0		
c	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	<b>1,397,439</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	<b>1,582,748</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities . . . . .	<b>2a</b> 0		
b	Prior year adjustments . . . . .	<b>2b</b> 0		
c	Other losses . . . . .	<b>2c</b> 0		
d	Other (Describe in Part XIII.) . . . . .	<b>2d</b> 0		
e	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	<b>1,582,748</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b> 0		
b	Other (Describe in Part XIII.) . . . . .	<b>4b</b> 0		
c	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	<b>1,582,748</b>

**Part XIII Supplemental Information.**

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

Schedule D, Part X, Line 2 - Provisions for income taxes have not been recorded in these financial statements because TBI believes it had no income unrelated to its exempt purposes in 2013. With few exceptions, TBI is no longer subject to U.S. federal or state tax examinations by tax authorities for years before 2010.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

The Biomimicry Institute

Employer identification number

86-1153859

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) North America (including Canada)	0	0	Program Services	Biomimicry Workshops Ser	300
(2) North America (including Canada)	0	0	Program Services	Biomimicry Workshop Servi	0
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	0	0			300

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
<b>(1)</b>			Sch F, Stmt 1						
<b>(2)</b>									
<b>(3)</b>									
<b>(4)</b>									
<b>(5)</b>									
<b>(6)</b>									
<b>(7)</b>									
<b>(8)</b>									
<b>(9)</b>									
<b>(10)</b>									
<b>(11)</b>									
<b>(12)</b>									
<b>(13)</b>									
<b>(14)</b>									
<b>(15)</b>									
<b>(16)</b>									

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **▶ 1**

**3** Enter total number of other organizations or entities . . . . . **▶ 1**

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) <a href="#">Sch F, Stmt 2</a>							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . .  Yes  No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . .  Yes  No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No



**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Schedule F, Part I, Line 2 - As part of a larger grant received, The Biomimicry Institute sub-granted a portion of funds to provide assistance to two of our longest and most active standing members of our Global Biomimicry Network, Biomimicry South Africa (SA) and Biomimicry Netherlands (Biomimicry NL). When we awarded the monies we required each partner to submit an interim progress report and final project report including programmatic activities and project financial activities.

Schedule F, Part I, Line 3 - 1. The Biomimicry Institute provided biomimicry training at a Biomimicry workshop for our affiliate university, Universidad de Iberoamericano in Veracruz Mexico. We received \$6000 in revenue. 2.The Biomimicry Institute provided biomimicry training at a Biomimicry workshop for Institute Superiores de Monterrey located in Monterrey Mexico. We received \$7500 in revenue.

Schedule F, Part II, Line 1 - As part of a larger grant received, The Biomimicry Institute sub-granted a portion of funds to provide assistance to two of our longest and most active standing members of our Global Biomimicry Network, Biomimicry South Africa (SA) and Biomimicry Netherlands (Biomimicry NL). Our Global Network members help spread the biomimicry meme and increase the knowledge and practice of biomimicry in their networks in order to catalyze the application of biomimicry. Please read more about our Global Biomimicry Network in Schedule O. These funds were used to further their biomimicry educational and training programs in their corresponding regions. Schedule F, Part V, Page 2, Statement 1 - Region: Europe (Continued): Other specific projects that received the subgranted funding: innovation project with AVEBE (an innovating company producing solutions based on potato starch) for desalination; biomimicry master class for directors/team leaders of 16 secondary schools 'biomimicry and leadership/change' (to leverage diversity, enable talent development and deal with systemic change) and initiated a co-creation project with multiple parties to develop ecological performance standards for urban planning.

Schedule F, Part IV - Schedule F, Part III Activities to individuals and organizations outside of the United States totaled: \$51,552; \$32,052 was sub-granted to two organizations; \$10,000 was awarded to a student design team in Eqypt as a cash prize award for their winning submission in our Student Biomimicry Design Challenge; \$5500 was awarded to a student design team in Canada for their winning submission in our Student Biomimicry Design Challenge; and the remaining \$4,000 was awarded to 8 individuals on student design teams located in Canada, Chile and Belgium for their winning submissions in our Student Biomimicry Design Challenge.

**Grants To Organization Outside US**

		Cash Grant	Non-Cash Assistance
<b>Region</b>	Sub-Saharan Africa	19,231	0
<b>Grant</b>	As part of a larger grant received, The Biomimicry Institute sub-granted a portion of funds to provide assistance to two of our longest and most active standing members of our Global Biomimicry Network, Biomimicry South Africa (SA) and Biomimicry Netherlands (Biomimicry NL). Our Global Network members help spread the biomimicry meme and increase the knowledge and practice of biomimicry in their networks in order to catalyze the application of biomimicry. Please read more about our Global Biomimicry Network in Schedule O. These funds were invested in: Biomimicry South Africa representatives attending the Global Biomimicry Conference in the USA 2013; creating educational materials including video, digital & printed; training educators; and fundraising for the Network. In addition, Biomimicry South Africa provided stakeholder connectivity between different sectors (Gov, Corp, Civil Society, Media) to incorporate biomimicry thinking into planning.		
<b>Cash Disbursement</b>	Wire Transfer		
<b>Desc. of Non-Cash Asst.</b>			
<b>Valuation</b>			
<b>Region</b>	Europe (including Iceland and Greenland)	12,821	0
<b>Grant</b>	As part of a larger grant received, The Biomimicry Institute sub-granted a portion of funds to provide assistance to two of our longest and most active standing members of our Global Biomimicry Network, Biomimicry South Africa (SA) and Biomimicry Netherlands (Biomimicry NL). Our Global Biomimicry Network members help spread the biomimicry meme and increase the knowledge and practice of biomimicry in their networks in order to catalyze the application of biomimicry globally. The sub-granted funds to Biomimicry NL were invested in developing the Biomimicry Roadmap 2020, a collaborative strategy to facilitate and increase biomimicry innovation, embed biomimicry in (higher) education and develop a biomimicry knowledge infrastructure in the Netherlands.		
<b>Cash Disbursement</b>	Wire Transfer		
<b>Desc. of Non-Cash Asst.</b>			
<b>Valuation</b>			

**Grants To Individuals Located Outside US**

	Recipients	Cash Grant	Non-Cash Assistance
<b>Assistance</b>	A cash prize award was paid to the grand 1 prize winner of our 2013 Biomimicry Student Design Challenge.	10,000	0
<b>Region</b>	Middle East and North Africa		
<b>Cash Disbursement</b>	Check		
<b>Desc. of Non-Cash Asst.</b>			
<b>Valuation</b>			
<b>Assistance</b>	A cash prize award was paid to one of the 1 winners of our 2013 Biomimicry Student Design Challenge.	5,500	0
<b>Region</b>	North America (including Canada and Mexico, but not the United States)		
<b>Cash Disbursement</b>	Wire Transfer		
<b>Desc. of Non-Cash Asst.</b>			
<b>Valuation</b>			

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization

The Biomimicry Institute

Employer identification number

86-1153859

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> See Schedule G, Part IV, Statement 1						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> . . . . . ▶				0	22,500	-22,500

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less: Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_



**Fundraiser Activity Information**

Name and Address	Activity	C1	Gross Receipts	C2	C3
Dana Lobell 1358 Prospect Ave Plainfield, NJ 07060	A professional services contract was drawn up for contractor to provide assistance with our grant writing and grant researching needs.	No	0	15,000	-15,000
Care2com Inc Dept 35079 PO Box 3900 San Francisco, CA 94139	Care2.com provided an online outreach campaign for increase of our email list serve for future fundraising solicitations.	No	0	7,500	-7,500
<b>Total:</b>			<b>0</b>	<b>22,500</b>	<b>-22,500</b>

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

The Biomimicry Institute

86-1153859

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Schedule I, Part I, Line 2 - In 2013, The Biomimicry Institute received a large grant of which we sub-granted funds to two US based Global Biomimicry Networks; Biomimicry Oregon and one University partner, UC Berkeley Center for Green Chemistry. When we awarded the monies we required each partner to submit an interim progress report and final project report including programmatic activities and project financial activities of budget to actual. These reports were then passed along to our funding sources for substantiation of our committed fund expenditures under the grant agreement.

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Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non-cash asst.
<b>Name and address</b>	UC Berkeley School of Public Health UC Regents UC Berkeley School of Public Health 461 University Hall 7360 Berkeley, CA 94720-7360	94-6002123	10,000	0
<b>IRC code section</b>	501(c)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	In 2013, The Biomimicry Institute (TBI) received a large grant of which \$10,000 was sub-granted to UC Berkeley Center of Green Chemistry. These funds were used to further a project we were collaborating, which focused on the problem of formaldehyde in clothing, as represented by Levi Strauss & Co. The Biomimicry Institute co-sponsored and co-taught this interdisciplinary graduate course, Greener Solutions. During the semester, the students learned how to use the biomimicry methodology and, using the biological research report from TBI, identified life-friendly alternatives to the toxic chemicals currently used.			

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

The Biomimicry Institute

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Employer identification number

86-1153859

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	<b>1b</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? . . . . .</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	✓
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	✓
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	✓
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	✓
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	✓
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>	✓
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>	✓
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)	0	0	0	0	0	0	0
	(ii)	143,133	0	0	5,615	4,449	153,197	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J, Part I, Line 3 - A committee of the Board of Directors reviews and recommends salary data for the compensation of the Executive Director. The committee uses data from Guidestar Nonprofit Compensation Report. In addition, the board committee comprises their own data from like-minded organizations and positions and geographical regions. The salaries are approved by the Finance Committee and the full Board of Directors during the budgeting process.

Multiple horizontal dashed lines for supplemental information.

**SCHEDULE L  
(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open To Public Inspection**

Name of the organization

The Biomimicry Institute

Employer identification number

86-1153859

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1) <u>Sch L, Stmt 1</u>									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶						\$	<b>35,905</b>					

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Sch L, Stmt 2					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

Schedule L, Part II - The Biomimicry Institute, TBI, shares resources and common costs in a mutually beneficial agreement with the Biomimicry Group, Inc., BGI. BGI is a for profit enterprise whose majority shareholder is the founder of TBI, a board member of TBI, and former board president of TBI. From January 1, 2013 through May 31, 2013, BGI provided all programmatic and administrative staffing services, at cost, to TBI pursuant to an intercompany and services agreement originally dated October 14, 2010, and revised as of January 1, 2012. Included in the administrative services that BGI provided to TBI, were facilities and equipment use and all overhead costs such as liability insurance, telephone and internet, general office supplies, and shared software and internet subscriptions. As of June 1, 2013 a revised resource sharing and services agreement was executed. Under this agreement TBI became the employer of its core staff, but continued to share facilities, a few staff, equipment and overhead costs. Under the agreements, common costs and shared employees are allocated to each entity based on the actual costs incurred based on hours worked, square footage, or other basis that is most appropriate for the costs to be allocated. TBI has also executed a licensing agreement with BGI that allows BGI to license intellectual property owned by TBI at fair market value. BGI must pay TBI five percent of gross revenues received by BGI from the sale of products and services that directly use a material portion of the licensed materials.

Schedule L, Part IV - Regarding the Biomimicry Group, Inc., BGI, and The Biomimicry Institute, TBI, relationship... BGI mission is to be a global leading source for creativity and leadership training in biomimicry. As the two entities missions are greatly aligned, in 2010 BGI and TBI entered into a Services Agreement to better meet TBI educational objectives, further its exempt activities, and fulfill its broader mission to naturalize biomimicry in the culture by promoting the transfer of ideas, designs, and strategies from biology to sustainable human systems design. The Biomimicry Institute shares resources and common costs in a mutually beneficial agreement with the Biomimicry Group, Inc. BGI is a for-profit enterprise whose majority shareholder is the founder of TBI, a board member of TBI, and former board president of TBI. From January 1, 2013 through May 31, 2013, BGI provided all programmatic and administrative staffing services, at cost, to TBI pursuant to an intercompany and services agreement originally dated October 14, 2010, and revised as of January 1, 2012. Included in the administrative services that BGI provided to TBI, were facilities and equipment use and all overhead costs such as liability insurance, telephone and internet, general office supplies, and shared software and internet subscriptions. As of June 1, 2013 a revised resource sharing and services agreement was executed. Under this agreement TBI became the employer of its core staff, but continued to share facilities, a few staff, equipment and overhead costs. Under the agreements, common costs and shared employees are allocated to each entity based on the actual costs incurred based on hours worked, square footage, or other basis that is most appropriate for the costs to be allocated. TBI has also executed a licensing agreement with BGI that allows BGI to license intellectual property owned by TBI at fair market value. BGI must pay TBI five percent of gross revenues received by BGI from the sale of products and services that directly use a material portion of the licensed materials. SPECIFICS, LINE 1. BGI PAID TBI FOR STAFF SERVICES. These were essentially cost reimbursement for payroll costs of leasing accounting, finance, and IT support services from TBI, LINE 2. BGI REIMBURSED TBI FOR PROGRAM EXPENSES. Reimbursements made to TBI by BGI for educational program expenses when the program moved back to BGI, LINE 3. BGI PAID TBI FOR LICENSING AGREEMENT ROYALTIES. Payments made to TBI by BGI for the lease of TBI educational materials to BGI according the Master License Agreement, LINE 4. BGI PAID TBI FOR EXPENSE REIMBURSEMENTS. These were expenses reimbursed by BGI related to a TBI sponsored Biomimicry Global Conference, LINE 5. TBI PAID BGI FOR STAFF SERVICES. Prior to June 1, 2013 TBI leased all of its staff from BGI. After June 1, 2013 TBI leased a few employees from BGI. This amount is the reimbursed amount TBI paid BGI for these leased employees at cost according to the BGI and TBI Services Agreement Services, LINE 6. TBI PAID BGI FOR LEASING FACILITIES, EQUIPMENT AND MISC EXPENSES. Payments made to BGI by TBI for BGI providing facilities, equipment, and other overhead to TBI according to the Services Agreement, LINE 7. TBI PAID BGI FOR PROFESSIONAL SERVICES. Reimbursements made to BGI by TBI for shared contractor fees for marketing services and educational services that benefited both BGI and TBI.

Description of Loans to and/or From Interested Persons

Name of interested person	Relationship with organization	Purpose of loan	Loan to	Loan fr.	OPA	Due	Dflt.	Appr.	Writt.
Biomimicry Group Inc (BGI)	TBI Director Majority Owner	Act Recvbl for Nov & Dec Services provided by TBI according to board approved Services Agreement		Yes	21,765	21,765	No	Yes	Yes
Bryony Schwan	Executive Director (resigned E.D. position in 2013)	Account Receivables from submitted expenses missing receipts		Yes	408	408	No	No	No
Biomimicry Group Inc (BGI)	TBI Director Majority Owner	Act Paybl for Nov. & Dec. Services provided by BGI under the board approved Services Agreement		Yes	13,732	13,732	No	Yes	Yes

**Total:** **35,905**

Loan to = Loan to organization?

Loan fr. = Loan from organization?

OPA = Original principal amount

Due = Balance due

Dflt. = In default?

Appr. = Approved by board or committee?

Writt. = Written agreement?



Description of Business Transactions Involving Interested Persons

		Amount of transaction
<b>Name</b>	Biomimicry Group Inc (BGI)	49,847
<b>Relationship with organization</b>	TBI Director Majority Owner	
<b>Description of transaction</b>	BGI paid TBI for staff services, primarily Accting, Finance, HR, and IT support per The Biomimicry Institute - Biomimicry Group, Inc. Services Agreement	
<b>Sharing Of Revenues</b>	No	
<b>Name</b>	Biomimicry Group Inc (BGI)	23,990
<b>Relationship with organization</b>	TBI Director Majority Owner	
<b>Description of transaction</b>	BGI reimbursed TBI for Program expenses per The Biomimicry Institute-Biomimicry Group, Inc Services Agreement	
<b>Sharing Of Revenues</b>	No	
<b>Name</b>	Biomimicry Group Inc (BGI)	9,995
<b>Relationship with organization</b>	TBI Director Majority Owner	
<b>Description of transaction</b>	BGI paid TBI for payment of licensing royalties	
<b>Sharing Of Revenues</b>	No	
<b>Name</b>	Biomimicry Group Inc (BGI)	2,218
<b>Relationship with organization</b>	TBI Director Majority Owner	
<b>Description of transaction</b>	BGI paid TBI for expense reimbursements related to a TBI sponsored meeting per The Biomimicry Institute - Biomimicry Group, Inc. Services Agreement	
<b>Sharing Of Revenues</b>	No	
<b>Name</b>	Biomimicry Group Inc (BGI)	372,122
<b>Relationship with organization</b>	TBI Director Majority Owner	
<b>Description of transaction</b>	TBI paid BGI for staff services per The Biomimicry Institute - Biomimicry Group, Inc. Services Agreement	
<b>Sharing Of Revenues</b>	No	
<b>Name</b>	Biomimicry Group Inc (BGI)	77,495
<b>Relationship with organization</b>	TBI Director Majority Owner	
<b>Description of transaction</b>	TBI paid BGI for Facility, Equipment, and Expense Reimbursements per The Biomimicry Institute - Biomimicry Group, Inc. Services Agreement	
<b>Sharing Of Revenues</b>	No	
<b>Name</b>	Biomimicry Group Inc (BGI)	7,270
<b>Relationship with organization</b>	TBI Director Majority Owner	
<b>Description of transaction</b>	TBI paid BGI for shared contract services per The Biomimicry Institute - Biomimicry Group, Inc. Services Agreement	
<b>Sharing Of Revenues</b>	No	

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

The Biomimicry Institute

Employer identification number

86-1153859

Form 990, Part I, Line 6 - The Biomimicry Institute (TBI) has been fortunate to have many faithful volunteers who volunteer their time to help further our mission. In 2013, a total of 63 volunteers volunteered 1247 hours on our AskNature, Student Design Challenge, and Global Biomimicry Network Projects.

Form 990, Part VI, Section A, Line 2 - Janine Benyus and Bryony Schwan are co-owners at the Biomimicry Group, Inc. The Biomimicry Group, Inc. is a Delaware C Corporation where Janine Benyus, a Biomimicry Institute Board of Director and the former President of the Board owns a majority of shares and Bryony Schwan, The Biomimicry Institute's Executive Director, is a less than 5% minority shareholder. Therefore the Biomimicry Group, Inc. and The Biomimicry Institute are related entities and more information about their relationship is provided on Schedule L and R.

Form 990, Part VI, Section B, Line 11b - a. The Biomimicry Institute senior management is responsible for the timely preparation of Form 990. b. The completed Form 990 will be provided to the Finance Committee of the Board of Directors sufficiently in advance of the filing deadline to enable a comprehensive and careful review by all members of the committee. Questions and concerns of the Finance Committee members will be addressed by The Biomimicry Institute Financial Officer and incorporated into the Form 990 as appropriate. c. All members of the Board of Directors will be invited to view the completed Form 990 in advance of the filing deadline. Questions and concerns of the Board will be addressed by The Biomimicry Institute Financial Officer and incorporated into the Form 990 as appropriate. d. After all of the input from the Board of Directors and Finance Committee has been appropriately addressed, senior management of The Biomimicry Institute will file the final Form 990 as required.

Form 990, Part VI, Section B, Line 12c - According to The Biomimicry Institute's Conflict of Interest policy each director, principal officer and member of a committee with governing board-delegated powers shall annually sign a statement which affirms such person: a. has received a copy of the conflict of interest policy; b. Has read and understands the policy; c. Has agreed to comply with the policy; and d. Understands The Biomimicry Institute is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes. In addition, our policy calls for periodic reviews to ensure The Biomimicry Institute operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status. The periodic reviews shall, at a minimum, include the following subjects: a. Whether compensation arrangements and benefits are reasonable based on competent survey information, and the result of arm's length bargaining; b. Whether partnerships, joint ventures, and arrangements with management organizations conform to The Biomimicry Institute's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

Form 990, Part VI, Section B, Line 15 - In 2012, a committee of The Biomimicry Institute's (TBI) Board of Directors reviewed and recommended the compensation for the Executive Director. The committee used data from the 2011 Guidestar Nonprofit Compensation Report. In addition, the board committee comprised their own data from like-minded organizations and positions. The Executive Director's salary did not change from the time that compensation study was completed. The interim and now current Executive Director's compensation was based off of the former's salary range and was board approved. 15b. During the annual budgeting process, the Executive Director reviews the compensation for each staff member leased from the Biomimicry Group, Inc. (BGI) who is expected to work on any TBI projects in the coming budget cycle. That review incorporates the Executive Director's judgment of the skills, education, and experience needed to accomplish TBI projects. The Executive Director also compares the salary rates with third party pay scale data. The result of this review is included as part of the budget and narrative provided to the board of directors for approval.

Form 990, Part VI, Section C, Line 19 - Governing documents, policies and financial statements are made available to the public upon request. The 990 is also available on our website.

Form 990, Part VII, Section A, Line 1a - Janine Benyus is a Biomimicry Institute Board of Director, the former Board President, and a co-owner of the Biomimicry Group, Inc. She received from the Biomimicry Group, Inc., \$143,133 in wages, \$5615 in tax deferred 401k

Supplemental Information (Continued)

employer contributions and \$4449 in employer health insurance benefits. Janine Benyus worked a total of 2082 hours for the Biomimicry Group, Inc. Of those, 109 hours were leased back to The Biomimicry Institute at cost according to the Biomimicry Group, Inc.-The Biomimicry Institute Services Agreement. Bryony Schwan, The Biomimicry Institute Executive Director, resigned from the Executive Director position as of September 23, 2013. However, she stayed on as staff in a different capacity through December 31, 2013. She received \$45,369 in wages, \$1871 in tax deferred 401k employer contributions and \$2782 in employer sponsored health insurance benefits from The Biomimicry Institute from June 1 - December 31, 2013. Prior to June 1, 2013 Bryony Schwan was a Biomimicry Group, Inc. employee, whose time was leased back to The Biomimicry Institute at cost according to the Biomimicry Group, Inc. - The Biomimicry Institute Services Agreement. From January 1 - May 31, 2013 Bryony Schwan received \$43,846 in wages, \$1754 in tax deferred 401k employer contributions and \$2330 in employer sponsored health insurance benefits. During the time Bryony Schwan was employed by the Biomimicry Group, Inc. (Jan 1 - May 31) she worked a total of 908 hours, of which 831 hours were leased back to The Biomimicry Institute at cost according to the Biomimicry Group, Inc. - The Biomimicry Institute Services Agreement. Beth Rattner, current Biomimicry Institute Executive Director assumed Executive Director interim status on July 1, 2013 and then assumed official status of Executive Director on October 1, 2013. Prior to July 1, 2013, Beth Rattner performed Professional consulting services in a strategy and program development capacity for both the Biomimicry Group, Inc. and The Biomimicry Institute. After July 1, 2013, Beth Rattner performed Professional consulting services solely to The Biomimicry Institute in Executive Director capacity. Therefore, of the \$100,671 in services provided only \$41,207 were related to the Executive Director position.

Form 990, Part IX, Line 5 - Line 5 includes Beth Rattner's contracted professional service fees for Interim Executive Director services, Executive Director services, and other program strategy services from January 1, 2013 to December 31, 2013. It also includes Bryony Schwan's Executive Director total leased payroll costs from the Biomimicry Group, Inc. from January 1, 2013 to May 31, 2013 and her direct Salary, Benefits, and Payroll taxes from June 1, 2013 to December 31, 2013. SPECIFICS: From January 1, 2013 to May 31, 2013 The Biomimicry Institute (TBI) leased payroll services from the Biomimicry Group, Inc at cost reimbursement, which is less than or equal to Fair Market Value according to the Biomimicry Group, Inc - The Biomimicry Institute Services Agreement. As of June 1, 2013 The Biomimicry Institute assumed its own payroll. (See 990 part IX-Line 7, Schedule L and Schedule R for more information)

Form 990, Part IX, Line 7 - Part IX, Lines 7 - 10 include the remaining staff's leased payroll costs from the Biomimicry Group, Inc. from January 1, 2013 to May 31, 2013 and their direct payroll costs from June 1, 2013 to December 31, 2013. The Biomimicry Institute (TBI) shares resources and common costs in a mutually beneficial agreement with the Biomimicry Group, Inc. (BGI). From January 1, 2013 through May 31, 2013, BGI provided all programmatic and administrative staffing services, at cost, to TBI pursuant to an intercompany and services agreement originally dated October 14, 2010, and revised as of January 1, 2012. As of June 1, 2013 a revised resource sharing and services agreement was executed. Under this agreement TBI became the employer of its core staff, but continued to share facilities, a few staff, equipment and overhead costs. Under the agreements, common costs and shared employees are allocated to each entity based on the actual costs incurred based on hours worked, square footage, or other basis that is most appropriate for the costs to be allocated.

Form 990, Part IX, Line 11g - Professional Services - Other includes: \$379,819 includes: \$125,108 in AskNature Program Contractor Fees; \$90,900 in AskNature Platform Technical Development Consulting Fees; \$74,508 in Global Biomimicry Network Contractor Fees; \$28,333 for our Ecosystem Performance Standards in New York Program Contractor Fees; \$25,500 in Global Biomimicry Conference Lighting and Production Contractor Fees; \$10,951 in Educational Outreach and Workshop Program Service Fees; \$10,019 in Student Design Challenge Contractor Fees; \$9000 in Professional Development Leadership Training Contractor Fees; and \$5500 in Contractor fees on our University of California, Berkeley, Center for Green Chemistry partnership

Form 990, Part XII, Line 2c - An audit committee was established from the members of the Board of Directors. The committee was lead by the Board President and Board Treasurer. They were responsible for selection of the independent accountant and review of the process and final audit report.

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**Mission Description**

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**Description**

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and wholly insufficient. The strategies we've relied on to provide food, water, energy, shelter, and comfort to a growing population are now seen as compounding rather than solving the problems. Biomimicry is a new science that studies nature's best ideas, abstracts the deep design principles, and then emulates these designs and processes to solve human problems. Biomimicry is a turnaround strategy for our species, a way for humans to fit in and flourish on this planet by emulating life's 3.8 billion years of brilliant designs and strategies.

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**First Program Service Accomplishments Description**

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**Description**

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Meanwhile, our passionate team of volunteers and contractors has continued to generate new content and enhance content on the existing site. In 2013 there was a 13 percent increase in registered members, and a 10 percent increase in average monthly site views since mid 2012. The upcoming look-and-feel refresh will provide usability improvements to this audience, and will respond to one of our most frequent community requests, by incorporating organism specific data from one of our content partners, Encyclopedia of Life. Along with a focused network of volunteer subject matter experts from organizations like IDEO, Georgia Institute of Technology, and Google, the AskNature team has been moving quickly to validate user needs and define the features and functionality that will ensure AskNature 2.0 is relevant and exciting to an appropriately focused audience of biomimics.

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**Second Program Service Accomplishments Description**

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**Description**

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other in person. In addition to the 250 people who did attend, we know there were many more who wanted to be there but simply couldn't make it. At the event, we learned of multiple new networks in the planning stage. There are currently 11 formally affiliated networks and another 19 nascent ones.

### Third Program Service Accomplishments Description

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**Description**

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A. (Cont'd) the SDC is conducted as a learning opportunity. We provide videos, lectures, access to Biologists at the Design Table, and other resources to help students apply biomimicry to their projects.

The 2013 [winners](#) (carbon sequestration, water ballast, self-motorized transport), just announced a couple of weeks ago, show immense promise!

B. University Fellows and Affiliates Program: Through our Fellows and Affiliates program, we support university level educators who are bringing biomimicry into their classrooms and championing it on their campuses. Currently, there are 20 fellows, and we estimate that they are educating approximately 2,500 students annually about biomimicry. Currently, there are 7 Affiliate Institutions: Arizona State University, Lipscomb University, Minneapolis College of Art and Design, Ontario College of Art and Design University, The University of Akron and Cleveland Institute of Art, which offer a joint fellowship in biomimicry, and Universidad Iberoamericana in Mexico City.

C. AskNature Nuggets: We have developed a series of short educational videos about specific organisms and their amazing adaptations based on content from AskNature. Narrated by members of our staff and networks, the videos are available on our Vimeo channel, and are highlighted in our monthly e-newsletters. To date, AskNature Nuggets have received 77,634 plays.

D. Museum Exhibits: We have worked with a number of museums to create educational exhibits with biomimicry themes. "Whales to Windmills. Inventions Inspired by the Sea" at the Monterey Bay Aquarium has been seen by over 500,000 people since it opened. The Biomimicry Institute worked with Biomimicry Netherlands (NL) to develop, "Innovation Inspired by Nature Our Epic Journey" at the International Center for Sustainable Excellence in Eindhoven. Over 7,000 people saw the exhibit.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	<p>GLOBAL BIOMIMICRY NETWORKS: Global Network: We made significant advances in the development of our Global Network with two critical events in 2013: we held our first network leadership gathering in Austin, Texas in January, and we assembled some 250 members of the Biomimicry Educators Network and the Global Network in June in Boston, Massachusetts. The details of this conference were mentioned in the Education Thought Leadership Section of Program Service Accomplishments. Leadership Gathering: Leaders from the most established networks joined in a two-day planning session to formulate needs and strategy for organizing and managing our growing Global Network of networks. Biomimicry Education Network: This global network of teachers at all levels of the educational system currently has 1,636 members, each of whom has committed to teaching a course with biomimicry content. We estimate that they are introducing biomimicry to somewhere between 16,000 and 33,000 students. Members of the network also downloaded 22,551 curriculum packages.</p>	205,587	37,052	0
	<p>COMMUNICATIONS &amp; OUTREACH. In 2013, we continued to expand our educational work both domestically and internationally through in-person and online presence. Janine spoke at Bioneers, an event with several thousand people and rebroadcast online permanently. The event features leaders in social and environmental justice and shapes the agenda for the movement as a whole. She also spoke in London at the Ellen MacArthur Foundation's Circular Economy 100, appearing on stage with the foremost minds in sustainability. Other members of our staff also appeared in numerous high-profile events, including Gretchen Hooker who spoke at Haworth's (furniture manufacturer) event on the circular economy (garnering \$500 for The Biomimicry Institute). The Biomimicry Institute's primary outreach accomplishment for the year was the Global Conference held in June. See "Global Network," above for more details. Between the in-person event, our regular newsletters, and a comprehensive Annual Report, the interest from biomimics around the world translated into a new stage of growth for educators and practitioners.</p>	115,089		500
<b>Total:</b>		<b>320,676</b>	<b>37,052</b>	<b>500</b>



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

The Biomimicry Institute

**Related Organizations and Unrelated Partnerships**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

**86-1153859**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) <u>Biomimicry Group Inc (27-1836345)</u> <u>PO Box 8782, Missoula, MT 59807</u>	<u>Professional biomimicry</u>	<u>DE</u>	<u>N/A</u>	<u>C</u>	<u>0</u>	<u>0</u>	<u>0%</u>		<input checked="" type="checkbox"/>
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	✓	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	✓	
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	✓	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	✓	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	✓	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	✓	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	✓	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		✓

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
Biomimicry Group Inc	k	77,495	Services Agreement
(1) Biomimicry Group Inc	m	379,392	Services Agreement
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

Schedule R, Part IV - The Biomimicry Institute, TBI shares resources and common costs in a mutually beneficial agreement with the Biomimicry Group, Inc. BGI. BGI is a for-profit enterprise whose majority shareholder is the founder of TBI, a board member of TBI, and former board president of TBI. From January 1, 2013 through May 31, 2013, BGI provided all programmatic and administrative staffing services, at cost, to TBI pursuant to an intercompany and services agreement originally dated October 14, 2010, and revised as of January 1, 2012. Included in the administrative services that BGI provided to TBI, were facilities and equipment use and all overhead costs such as liability insurance, telephone and internet, general office supplies, and shared software and internet subscriptions. As of June 1, 2013 a revised resource sharing and services agreement was executed. Under this agreement TBI became the employer of its core staff, but continued to share facilities, a few staff, equipment and overhead costs. Under the agreements, common costs and shared employees are allocated to each entity based on the actual costs incurred based on hours worked, square footage, or other basis that is most appropriate for the costs to be allocated. TBI has also executed a licensing agreement with BGI that allows BGI to license intellectual property owned by TBI at fair market value. BGI must pay TBI five percent of gross revenues received by BGI from the sale of products and services that directly use a material portion of the licensed materials.

Schedule R, Part V, Line 1k - According to the Biomimicry Group, Inc. - The Biomimicry Institute Services Agreement, the Biomimicry Group, Inc. provides facilities, equipment, overhead, and other assets to The Biomimicry Institute. The Biomimicry Institute pays cost reimbursement for such services, which is equal to or less than FMV, calculated according to the Services Agreement Schedule.

Schedule R, Part V, Line 1m - According to the Biomimicry Group, Inc. - The Biomimicry Institute Services Agreement, the Biomimicry Group, Inc. provides professional programmatic and administrative services to The Biomimicry Institute. The Biomimicry Institute pays cost reimbursement for services, which is equal to or less than FMV, calculated according to the Services Agreement Schedule.