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Return of Organization Exempt From Income Tax**2009**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection**For the 2009 calendar year, or tax year beginning , 2009, and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C THE BIOMIMICRY INSTITUTE PO BOX 9216 MISSOULA, MT 59807	D Employer Identification Number 86-1153859	E Telephone number 406-728-4134	G Gross receipts \$ 1,108,246.
F Name and address of principal officer SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: ▶ WWW.BIOMIMICRYINSTITUTE.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation 2006		M State of legal domicile MT

Part I Summary

1 Briefly describe the organization's mission or most significant activities <u>SEE ATTACHED STATEMENT</u>				
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8	
	5 Total number of employees (Part V, line 2a)	5	14	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	847,815.	889,814.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	105,022.	199,092.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,689.	884.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,004.	18,426.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	960,530.	1,108,216.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
	16a Professional fundraising fees (Part IX, column (A), line 11e)	265,629.	537,545.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 102,046.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	508,178.	302,142.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	773,807.	839,687.	
Net Assets or Fund Balances	19 Revenue less expenses Subtract line 18 from line 12	186,723.	268,529.	
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year	
	21 Total liabilities (Part X, line 26)	568,245.	827,943.	
	22 Net assets or fund balances Subtract line 21 from line 20	35,197.	26,366.	
		533,048.	801,577.	

Part II Signature Block

Sign Here	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.	
	Signature of officer BRYONY SCHWAN Type or print name and title	Date <u>10/25/10</u> EXECUTIVE DIRECTOR

Paid Preparer's Use Only	Preparer's signature	Date <u>10-21-10</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00338064
	Firm's name (or yours if self-employed), address, and ZIP + 4 BOYLE, DEVENY & MEYER, P.C. 305 S. FOURTH STREET E., SUITE 200 MISSOULA, MT 59801		EIN ▶ 81-0390489 Phone no ▶ (406) 721-3555	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No**BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**TEEA0113L 12/29/09 Form **990** (2009)

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:SEE ATTACHED STATEMENT**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? SEE SCHEDULE O☒ 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 380,346. including grants of \$) (Revenue \$ 517,228.)EDUCATION - SEE ATTACHED STATEMENT**4b** (Code) (Expenses \$ 219,194. including grants of \$) (Revenue \$ 200,088.)ASKNATURE DESIGN PORTAL - SEE ATTACHED STATEMENT**4c** (Code) (Expenses \$ 28,326. including grants of \$) (Revenue \$ 76,931.)RESEARCH - SEE ATTACHED STATEMENT**4d** Other program services (Describe in Schedule O) SEE SCHEDULE O(Expenses \$ 31,239. including grants of \$) (Revenue \$ 122,286.)**4e** Total program service expenses ▶ 659,105.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• 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? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 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? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

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

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Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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Form 990 (2009)

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.

Section A. Governing Body and Management

	Yes	No
1 a Enter the number of voting members of the governing body		
1 b Enter the number of voting members that are independent		
2 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?		X
3 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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or 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	X	

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

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

Section C. Disclosures

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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ BRYONY SCHWAN 114 W. PINE ST. STE. 3 MISSOULA MT 59802 406-728-4134

[illegible]

1 b Total	▶	69,751.	0.	0.
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*
- 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? *If 'Yes' complete Schedule J for such individual*
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*

	Yes	No
3		X
4		X
5		X

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

[illegible]

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 889,814.				
	g Noncash contribns included in lns 1a-1f.	\$ 2,500.				
h Total. Add lines 1a-1f			889,814.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a EDUCATION		87,529.	87,529.		
	b CERTIFICATION PROGRAM		81,456.	81,456.		
	c RESEARCH		30,107.	30,107.		
	d -----					
	e -----					
	f All other program service revenue					
g Total. Add lines 2a-2f			199,092.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		884.			884.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a 11,155.					
b Less cost of goods sold	b 30.					
c Net income or (loss) from sales of inventory		11,125.	11,125.			
Miscellaneous Revenue		Business Code				
11 a REIMBURSEMENTS		7,301.	7,301.			
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d		7,301.				
12 Total revenue. See instructions			1,108,216.	217,518.	0.	884.

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	69,751.	41,851.	6,975.	20,925.
6 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.
7 Other salaries and wages	388,216.	305,447.	40,955.	41,814.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	40,816.	31,669.	3,261.	5,886.
10 Payroll taxes	38,762.	28,938.	4,840.	4,984.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	11,045.	7,918.	1,694.	1,433.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	10,553.	2,702.	3,199.	4,652.
12 Advertising and promotion				
13 Office expenses	5,276.	4,087.	657.	532.
14 Information technology	12,144.	11,134.	529.	481.
15 Royalties				
16 Occupancy	34,853.	26,604.	3,168.	5,081.
17 Travel	105,609.	88,349.	7,106.	10,154.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,117.		3,117.	
23 Insurance	1,977.	1,622.	195.	160.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EDUCATION CLASSES	44,106.	44,106.		
b ASK NATURE	32,865.	32,865.		
c COMMUNICATION	21,571.	16,880.	1,356.	3,335.
d TELEPHONE	7,027.	5,735.	542.	750.
e WORKERS COMP INS	3,195.	2,046.	245.	904.
f All other expenses	8,804.	7,152.	697.	955.
25 Total functional expenses. Add lines 1 through 24f	839,687.	659,105.	78,536.	102,046.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	73,022.	1	92,623.
	2 Savings and temporary cash investments	467,827.	2	683,711.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	17,169.	4	12,778.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	27,375.
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	750.	9	3,513.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 17,350.		
	b Less. accumulated depreciation	10b 9,612.	9,477.	10c 7,738.
	11 Investments — publicly-traded securities		11	205.
	12 Investments — other securities See Part IV, line 11		12	
	13 Investments — program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets Add lines 1 through 15 (must equal line 34)	568,245.	16	827,943.	
LIABILITIES	17 Accounts payable and accrued expenses	22,282.	17	8,026.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	12,915.	25	18,340.
	26 Total liabilities. Add lines 17 through 25	35,197.	26	26,366.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	374,673.	27	303,637.
	28 Temporarily restricted net assets	158,375.	28	497,940.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	533,048.	33	801,577.
	34 Total liabilities and net assets/fund balances	568,245.	34	827,943.

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c 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

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a 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?

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

	Yes	No
2a	X	
2b		X
2c	X	
3a		X
3b		

BAA

Form 990 (2009)

Public Charity Status and Public Support

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. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization

THE BIOMIMICRY INSTITUTE

Employer identification number

86-1153859

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, congregation 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 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 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 – Other
- 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
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include "unusual grants.")		248,270.	121,041.	847,815.	889,814.	2,106,940.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3	0.	248,270.	121,041.	847,815.	889,814.	2,106,940.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,309,691.
6 Public support. Subtract line 5 from line 4						797,249.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0.	248,270.	121,041.	847,815.	889,814.	2,106,940.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		453.	6,061.	4,689.	884.	12,087.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV				3,004.	7,301.	10,305.
11 Total support. Add lines 7 through 10						2,129,332.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☒

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b **33-1/3 support test – 2008.** 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 stop here. The organization qualifies as a publicly supported organization. ☐

17a **10%-facts-and-circumstances test – 2009.** 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b **10%-facts-and-circumstances test – 2008.** 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33-1/3 support tests – 2009. 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 <input type="checkbox"/>		
b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

- Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009**Open to Public
Inspection**

Name of the organization

THE BIOMIMICRY INSTITUTE

Employer identification number

86-1153859

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.

	(a) Donor advised funds	(b) Funds and other accounts
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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 easement it holds? ☐ Yes ☐ No

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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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.

1 a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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 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 XIV

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 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 XIV and complete the following table

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1 c	
1 d	
1 e	
1 f	

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

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if 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
1a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

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
3a(i)		
3a(ii)		
3b		

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		16,054.	8,832.	7,222.
e Other		1,296.	780.	516.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				7,738.

BAA

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

N/A

- 1 Total revenue (Form 990, Part VIII, column (A), line 12)
- 2 Total expenses (Form 990, Part IX, column (A), line 25)
- 3 Excess or (deficit) for the year Subtract line 2 from line 1
- 4 Net unrealized gains (losses) on investments
- 5 Donated services and use of facilities
- 6 Investment expenses
- 7 Prior period adjustments
- 8 Other (Describe in Part XIV)
- 9 Total adjustments (net) Add lines 4 through 8
- 10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

N/A

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

1	
2a	
2b	
2c	
2d	
2e	
3	
4a	
4b	
4c	
5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

N/A

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

1	
2a	
2b	
2c	
2d	
2e	
3	
4a	
4b	
4c	
5	

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV	Supplemental Information <i>(continued)</i>
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Schedule F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► **Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16.**
► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

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' to Form 990, Part IV, line 14b.

1 For grantmakers. 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 in region
NORTH AMERICA, VERACRUZ, MEXICO	0	0	PROGRAM SERVICES	WEEKLONG	17,100.
				EDUCATIONAL	
				WORKSHOP COURSE	
				IN BIOMIMICRY	
SOUTH AFRICA	0	0	PROGRAM SERVICES	WEEKLONG	46,000.
				EDUCATIONAL	
				WORKSHOP COURSE	
				IN BIOMIMICRY	
Totals	0	0			63,100.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) (2009)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

Area with horizontal dashed lines for supplemental information.

SCHEDULE L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Transactions with Interested Persons**

- 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.

OMB No 1545-0047

2009***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) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on 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, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
BIOMIMICRY GROUP, INC	X		13,384.	13,384.		X	X		X	
Total				► \$ 13,384.						

Part III Grants or Assistance Benefitting 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 and type of assistance

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
BIOMIMICRY GUILD	SEE SCHEDULE O	66,116.	SEE SCHEDULE O		X

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

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

THE BIOMIMICRY INSTITUTE

Employer identification number

86-1153859

SCHEDULE L PART IV

THE BIOMIMICRY GUILD REIMBURSES THE BIOMIMICRY INSTITUTE FOR EXPENSES AND SERVICES PROVIDED BY THE INSTITUTE. THE BIOMIMICRY GUILD IS OWNED BY JANINE BENYUS, WHO IS THE 2009 BOARD PRESIDENT OF THE BIOMIMICRY INSTITUTE AND DAYNA BAUMEISTER WHO IS A FORMER BOARD MEMBER OF THE BIOMIMICRY INSTITUTE. A TOTAL OF \$66,116 WAS INVOICED TO THE BIOMIMICRY GUILD IN 2009. A BALANCE OF \$13,991 WAS OUTSTANDING AS OF 12.31.09

SCHEDULE L PART II

THE BIOMIMICRY INSTITUTE BILLED THE BIOMIMICRY GROUP, INC. FOR SERVICES AND EXPENSES INCURRED ON BEHALF OF THE BIOMIMICRY GROUP. A PROMISSORY NOTE WAS MADE AND FINALIZED IN 2010 BETWEEN THE GROUP AND THE BIOMIMICRY INSTITUTE. THE BIOMIMICRY GROUP, INC IS OWNED BY JANINE BENYUS, DAYNA BAUMEISTER, BRYONY SCHWAN AND CHRIS ALLEN.

FORM 990, PART III, LINE 2 - NEW SERVICES

SEE ATTACHED STATEMENT DESCRIBING LINE 4C

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

R&D CHALLENGE - SEE ATTACHED STATEMENT

INNOVATION FOR CONSERVATION - SEE ATTACHED STATEMENT

FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MAILING ADDRESS

JANINE BENYUS, 2813 CARIBOU LN., STEVENSVILLE, MT 59870

DAVID FOX, 575 45TH ST., SAN FRANCISCO, CA 94121

MARY HANSEL, 3555 NE SHAVER ST., PORTLAND, OR 97212-1867

JOEL MAKOWER, 6 HILLWOOD PLACE, OAKLAND, CA 94610

LYNELLE CAMERON, 2 LA LOMA CT., SAN RAFAEL, CA 94901

CYNTHIA HESTER, 310 RUTLEDGE ST., SAN FRANCISCO, CA 94110

Name of the organization

THE BIOMIMICRY INSTITUTE

Employer identification number

86-1153859

FORM 990, PART VI, LINE 9 - OFFICER, DIRECTOR, TRUSTEE, KEY EMPLOYEE MAILING ADDRESS (CONTINUED)

DAVID OAKEY, 1205 ORCHARD HILL RD., LA GRANGE, GA 30240

SUSAN MACCORMAC, 425 MARKET ST., SAN FRANCISCO, CA 94105

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

THE BOARD TREASURER RECEIVES A COPY OF THE 990 AND REVIEWS THE TAX RETURN BEFORE
FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MGT

ALL SALARY INCREASES ARE APPROVED BY THE BOARD OF DIRECTORS DURING THE BUDGET
APPROVAL PROCESS ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

ALL SALARY INCREASES ARE APPROVED BY THE BOARD OF DIRECTORS DURING THE BUDGET
APPROVAL PROCESS ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS, POLICIES AND THE FINANCIAL STATEMENTS ARE MAKE AVAILABLE TO THE
PUBLIC UPON REQUEST.

Employer identification number

86-1153859

[illegible]

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

THE BIOMIMICRY INSTITUTE

86-1153859

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
REIMBURSEMENTS	7,301.	2,277.			
TOTAL	<u>\$ 7,301.</u>	<u>\$ 2,277.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

2009 PROGRAM SERVICE ACCOMPLISHMENTS

The Biomimicry Institute
FEIN: 86-1153859

2009 990

ORGANIZATION'S PRIMARY EXEMPT PURPOSE

Biomimicry is a new science that studies nature's best ideas and then imitates these designs and processes to solve human problems. The mission of The Biomimicry Institute is to nurture and grow a global community of people who are learning from, emulating, and conserving life's genius to create a healthier, more sustainable planet. As funding and resources allow, The Biomimicry Institute will strategically undertake activities that most effectively promote the organization's mission of facilitating the broader use and application of biomimicry in our culture.

UNIVERSITY EDUCATION

Goal 1: Establish a Biomimetic University Education Program that will serve as an educational case study and guideline for academic institutions to learn from and follow. The first prototype of this program has been completed and was presented to educators at our Education Summit in 2009. This work will be refined and improved over time with constant feedback from the educators we work with.

Goal 2: Implement the Biomimicry Affiliate Program and Biomimicry Fellows Program by establishing a founding biomimicry Education Advisory Board to oversee the program and review the first rounds of applicants to both programs. In 2009 we were successful in establishing our first Biomimicry Educational Advisory Board (BEAB) and accepted Arizona State University, Ontario College of Art & Design and Iberoamericana University into our Biomimicry Affiliate Program thus establishing a formal relationship with these three universities. These are the first three universities working to establish a biomimicry minor (or equivalent). We also accepted seven professors to the Biomimicry Fellows Program.

Goal 3: Develop a "train the trainers" program. We have finalized the development of a "train the trainers" workshop materials and will pilot the first Biomimicry Educators' Training workshops in 2010 in San Francisco, CA.

Goal 4: Develop a core set of university-level educational materials including materials that incorporate biomimicry's "Life's Principles." These materials have been developed, and as in goal #1, our education team is, and will continue to, refine and expand these materials over time.

Goal 5: Bolster our outreach program by proactively fostering relationships with institutions that conduct leading edge research in the field of sustainability and innovation. Aside from working with our three affiliate universities our staff respond to dozen of requests for curricula and other information from universities around the world. At the same time, we are working to deepen our relationship with key institutions that might serve as potential Biomimicry Institute (TBI) affiliates in the future.

Goal 6: Increase the membership and effectiveness of our Biomimicry Educators Network. During the grant year we expanded our Biomimicry Educators Network from a handful of universities to 75 active members. In 2009 we surveyed these educators to determine if we were meeting their needs.

Goal 7: Organize the third annual Biomimicry Education Summit. In July 2009 we hosted our 3rd Annual Biomimicry Education Summit at the Teton Science School in Jackson Hole, Wyoming where 27 biomimicry educators (and their top students) participated in "how to teach biomimicry" workshops.

BIOMIMICRY TWO-YEAR CERTIFICATE PROGRAM

The Biomimicry Two-Year Certificate (2YC) program. (the equivalent of a master's degree) is designed to train professionals in the fields of biology, design (i.e. engineering, architecture, etc.) and business to become biomimics

Goal 1: Facilitate the second year of the course. Having completed another 12 months of program work, the first cohort of 16 participants has now almost completed the two-year course; the final week-long session will take place in April 2010. "The 2YC provides a framework for looking at the whole system rather than the pieces" says Marie Zanowick, the Denver-based Environmental Engineer for the U.S. Environmental Protection Agency. Zanowick is using her 2YC training to incorporate biomimicry into both the Environmental Protection Agency's review of sustainability plans and its biofuels production system. She adds, "Biomimicry is a breath of fresh air."

K-12 AND NON-FORMAL EDUCATION

Goal 1: Launch the first-ever annual biomimicry design contest for K-12 students. The conceptual and design phase of this project is complete and we plan to launch this contest in 2010.

Goal 2: Increase our popular K-12 curricula offerings by 50% for elementary, middle and high school grades. We have added several new units of curricula to our free, on-line library of curricula for youth educators including a plant-inspired solar cell lab activity created in collaboration with green chemistry curricula developers (www.beyondbenign.org). Since May 2009, 876 educators have downloaded our curricula.

Goal 3: Create an online course for K-12 teachers (that qualifies for recertification units) and offer teachers pedagogical approaches to teaching biomimicry in the classroom. The course content for the K-12 and non-formal youth educator professional development course has been completed, and will be launched this summer. We intend to have the course approved for teacher recertification units in the State of New York at that time. The Center for Environmental Education in New York has already begun marketing the course to their educator network.

Goal 4: Expose 1,000 new young students to biomimicry through the visiting naturalist program at the Montana Natural History Center. Our on-going collaboration with the Montana Natural History Center (MNHC) takes students out of the classroom to teach biomimicry outdoors. In 2009, the program reached over 1,400 students in grades 4 and 5 in 57 classrooms throughout western Montana, many of which are rural, low-income regions (and nine schools are on Native American Indian reservations). Arnie Olson, Director of MNHC says, "The topic of biomimicry has been a compelling addition to our Visiting Naturalist in the Schools program."

Goal 5: Develop the world's first biomimicry nature interpretive trail. In collaboration with the City of Missoula, the US Department of Fish, Wildlife and Parks and other partners TBI has now completed the first biomimicry nature trail. TBI staff developed the content for the signs and our staff scientific illustrator designed and illustrated them. The signs will be installed along the river trail in downtown Missoula in the spring of 2010 .

Goal 6: Create biomimicry themed exhibits. TBI staff successfully helped develop an exhibit for the Green Living Show (greenlivingonline.com/torontoshow), one of the largest green products trade shows in the world, we created an exhibit about biomimicry for the trade show's GreenOvation space (their premium location at the exhibit entrance). Over 20,000 individuals attended the exhibit of eleven displays and several biomimetic products. A video from the exhibit can be found at <http://www.treehugger.com/files/2009/04/biomimicry-revolution.php>. We also assisted with biomimicry content for exhibits at the Harvard Graduate School of Design and at The Wild Center in the Adirondaks. In addition to these exhibits, the Monterey Bay Aquarium requested our assistance in developing a live presentation about biomimicry for their audiences. The 15-minute multimedia presentation about biomimicry which will be led by a live presenter in their 275-seat auditorium; will include natural history footage, animation, and other compelling visuals to allow the presenter to weave a narrative that is fun, upbeat, and hopeful; and will show four times daily for the next three years.

Goal 7: Sponsor a regional biomimicry education conference at the San Diego Zoo. TBI staff worked for nine months with the education team from the San Diego Zoo to co-host the *Biomimicry Conference: The Next Wave of Innovation and Sustainability* in October 2009. The conference was a huge success with over 300 faculty, students, innovators, and entrepreneurs (including executives from local biotechnology companies) attending this two-day educational symposium.

Goal 8. Distribute Ask the Planet, a children's educational music CD about biomimicry. In 2009, we distributed hundreds of promotional CDs to teachers, schools, libraries and educational catalogues. *Ask the Planet* won three major awards; the iParenting Media Best Products of 2009 Award, the 2009 Parents' Choice Recommended Award, and the 2009 Creative Child Magazine Preferred Choice Award. The CD continues to get rave reviews from teachers, parents and kids.

OTHER EDUCATIONAL ENDEAVORS

Goal 1: Host a weeklong biomimicry workshop in South Africa in the fall of 2009 for designers, biologists, academics, policy makers and business entrepreneurs. The workshop in South Africa was extremely successful. Nearly 30 people from South Africa and around the world attended the weeklong workshop that has since spawned dozens of follow-up lectures and workshops around South Africa. Claire Janisch, founder of Genius Lab and a chemical engineer who just completed our two-year program is leading most of these efforts as well as establishing "Biomimicry South Africa."

Goal 2. Develop a biomimicry design challenge for students. In 2009 our university education program organized a Biomimicry Student Design Challenge. The student challenge has now become one of our University Education Program's strongest projects. The challenge brings students and faculty into the real-life challenge of working to solve a design challenge by arriving at a biomimetic design concept. Students collaborate on interdisciplinary, multi-institutional, and multinational teams that meet remotely over a condensed time frame (9 weeks) to solve a design challenge from concept to prototype. TBI is now seeking partners that could provide challenges that would be targeted to helping the world's poor.

ASKNATURE – A BIOMIMICRY DESIGN PORTAL

AskNature, our biomimicry design web portal, is the world's first digital library of Nature's solutions organized by function that can serve as a cross-pollinating tool and collaboration forum among biologists, engineers, designers and other innovators. It is also a great resource for teachers and students. Program goals in 2009 were to:

- Expand content and visual assets in quality and quantity to meet the expressed and evolving needs of design professionals and the educational community
- Create a thriving on-line community that supports: 1) professional and student participation; 2) creativity and emergent behavior (Web 2.0 social networking) among users
- Enhance the technical platform for high performance usability as the community and content grow

In 2009, we added almost 600 new strategy pages to AskNature and as of the end of the year we had approximately 1,200 strategy pages and are adding more each week. We imported high quality images (to correlate with strategy pages) from Animal Diversity Web and many more from Flickr, WikimediaCommons, YouTube and user-donated photos to the point where almost 40% of the strategies at the end of the year were illustrated with either photos or videos. We developed editorial style guidelines and policies for the site. The article pages were expanded significantly and featured student design challenges. We also created three slide shows featuring strategies fitting these themes: a cross-section of our most complete and inspiring strategies, retrofit strategies, and the results of an Autodesk Design Competition. A slide show feature pulls out data and images and displays them with narrative, then links to the strategy pages. These featured strategies are popular because they represent some of our best content and provide a quick view for users to get familiar with the site.

We also developed guidelines and policies for curators. AskNature has 11 external curators plus staff working diligently to monitor the quality of the content and discussions on the site. We expanded our community-building/social network media strategy. The principal community-building strategy is through our workshops and media exposure. Our network media strategy is through Twitter, Facebook, and WiserEarth where we enjoy significant exposure and community building opportunities. Our TBI Educators Network was greatly enriched using AskNature via the "Groups" function for network building, discussion, and event planning.

We created administrative tools for internal and external content creation and for editorial review and control. Internal editors monitor curators and external content to ensure quality and consistency. An MOU was secured with the Encyclopedia of Life and we are listed on their partner page of the website. The "Home" and "Strategies" pages were redesigned to improve navigation and also increased the content availability and featured content on the home pages. Positive feedback has been consistently received on the redesign. Ongoing redesign work is needed to further optimize the site..

THE BIOMIMICRY DESIGN CHALLENGE

In an effort to assist in finding solutions to climate change, TBI has committed to focusing much of its climate change and alternative energy work on the systems-change opportunities inherent in the design and materials comprising our built environment. As such TBI is working on developing a Biomimicry Green Building Design Challenge. In 2009, we embarked on a "discovery process" to identify the top 10 potential competition problem statements framing biomimetic opportunities for the built environment. We organized a daylong in-person discovery process with 20 leading experts in green building (including architects, engineers, energy and material scientists, city planners and developers). The group developed a list of challenges and from that list TBI staff selected "re-designing cement" as the top challenge. The team then spent the last quarter of 2009 researching the latest scientific data to determine what work was being done in this field. During this process we discovered that a company called Calera has recently developed a new formula for cement that mimics coral. We are now in the process of researching other opportunities and methodologies for the challenge that we hope to launch in 2010.

INNOVATION FOR CONSERVATION

The biomimetic path outlined in *Biomimicry: Innovation Inspired by Nature* (Benyus 1997) described four steps: quieting human cleverness, listening to life's genius, echoing what we learn, and giving thanks. TBI is in the process of developing a program whereby this all-important thanksgiving gesture is fulfilled by donations from companies who have created biomimetic products. For example, a company that developed a product inspired a marine organism would contribute funds to protect a threatened marine ecosystem. These funds will then go to organizations working to protect and restore the home habitats of the organisms that inspired the breakthrough. Biomimicry-based conservation gives us the chance to give credit where credit is due, while protecting the wellsprings that gave rise to these great ideas.

During the past year TBI continued to work on setting the DNA for the program and engaged in a process of long-term relationship building with this community of companies in order to secure commitments to conservation from them. We anticipate funding will begin to fall in place once the economic outlook is more positive. Recently TBI began working with the Living Building Challenge (LBC) to develop a conservation land swap and contribution as part of the targets for the LBC.

RESEARCH

From time to time we receive requests for biomimicry research from other organizations. For example a university class studying how to make environmentally friendly polymers may request some case studies on how nature makes polymers. At other times, our staff biologists may be contracted to serve as a "Biologists at the Design Table" for a specific design challenge or charrette.

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

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	THE BIOMIMICRY INSTITUTE	86-1153859
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	PO BOX 9216	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MISSOULA, MT 59807	

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

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

- The books are in the care of ► BRYONY SCHWAN

Telephone No. ► 406-728-4134 FAX No ► _____

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☒ calendar year 20 09 or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c \$	0.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print

File by the extended due date for filing the return. See instructions

Name of Exempt Organization

THE BIOMIMICRY INSTITUTE

Number, street, and room or suite number. If a P.O. box, see instructions.

BOYLE, DEVENY & MEYER, P.C.
305 S. FOURTH STREET E., SUITE 200

City, town or post office, state, and ZIP code. For a foreign address, see instructions

MISSOULA, MT 59801

Employer identification number

86-1153859

For IRS use only

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ☒ BRYONY SCHWAN
Telephone No. 406-728-4134 FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 20 10.

5 For calendar year 2009, or other tax year beginning _____, 20 _____, and ending _____, 20 _____.

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

7 State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs.	8c \$

Signature and Verification

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

Signature

[Signature]

Title

CPA

Date

8-5-10

BAA

FIF20502L 03/11/09

Form 8868 (Rev 4-2009)