

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization THE BIOMIMICRY INSTITUTE, Doing business as, Number and street (or P.O. box if mail is not delivered to street address) Room/suite, City or town, state or province, country, and ZIP or foreign postal code

D Employer identification number 86-1153859, E Telephone number (415) 800-1401, G Gross receipts \$ 3,215,008

F Name and address of principal officer: AMANDA STURGEON, PO BOX 9216, MISSOULA, MT 59807

H(a) Is this a group return for subordinates? Yes No, H(b) Are all subordinates included? Yes No, 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

Table with 3 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, membership, revenue, and expenses.

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.

Sign Here: Signature of officer AMANDA STURGEON, Date 2024-11-14, Preparer's signature, Date 2024-11-13, Firm's name HARRIS & CO PLLC, Firm's address 1120 S RACKHAM WAY STE 100, MERIDIAN, ID 83642

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, AND THE MYRIAD OF OTHER ISSUES THAT THREATEN THE PLANET HAVE TO DATE BEEN PRIMARILY REACTIVE AND WHOLLY INSUFFICIENT. THE STRATEGIES WE 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. THE BIOMIMICRY INSTITUTE IS THE FOREMOST AUTHORITY AND ALL AROUND GO-TO PLACE FOR BIOMIMICRY INFORMATION, THROUGH ITS FOUR MAIN PROGRAMS: BIOMIMICRY DESIGN CHALLENGES & EDUCATION PROGRAMS, INNOVATION PROGRAM, SYSTEMS CHANGE PROGRAM, AND ASKNATURE.

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 \$ 963,350 including grants of \$ 221,105) (Revenue \$)

SYSTEMS CHANGE - DESIGN FOR TRANSFORMATION (D4T): IN 2021 WE INITIATED A NEW SYSTEMS CHANGE PROGRAM TO CONTINUE BUILDING ON THE INTEREST GENERATED BY OUR THE NATURE OF FASHION REPORT (2020). THIS PROGRAM LOOKS AT SYSTEM LEVEL CHALLENGES, WITH AN INITIAL FOCUS ON TEXTILE DECOMPOSITION AND HOW WE CAN DESIGN SYSTEMS THAT ULTIMATELY SUPPORT THE SAFE BREAKDOWN AND BUILDUP OF MATERIALS. MATERIALS AND PRODUCTS THAT ARE UNFAMILIAR TO NATURE PREDOMINATE THE TEXTILE INDUSTRY. THE SCOPE AND SCALE OF THIS INDUSTRY THREATENS TO OVERWHELM PLANETARY BOUNDARIES. TAKING A BIOMIMETIC FRAME TO THE ISSUES LEADS TO POSSIBLE END-OF-LIFE SOLUTIONS STARTING WITH MAKING MATERIALS AND PRODUCTS THAT ARE FAMILIAR (AKA COMPATIBLE) WITH NATURAL SYSTEMS. THE D4T INITIATIVE IS CONDUCTING PILOTS IN THE GLOBAL NORTH AND GLOBAL SOUTH THAT ARE DESIGNED TO EXPLORE HOW THE "BOTTOM FRACTION" OF MIXED TEXTILE WASTE WHICH ARE DESTINED FOR LANDFILL OR INCINERATION CAN BE CONVERTED INTO VALUABLE OUTPUTS. IN 2023 WE BROUGHT TOGETHER A VARIETY OF GLOBAL PARTNERS TOGETHER TO WORK ON A VARIETY OF ASPECTS OF THE PROJECT. TOGETHER WE HAVE WORKED TO CREATE A NEW EXPANDED VERSION OF WHAT THE FUTURE OF CIRCULARITY HOLDS AND TO BEGIN TO ARCHITECT THAT FUTURE INTO FUNCTIONING PILOTS. OUR PARTNERS INCLUDED ACADEMIC RESEARCH PARTNERS (LEEDS UNIVERSITY IN THE U.K.; MARINE BIOGEOCHEMISTRY LAB OF THE UNIVERSITY OF GHANA, LEGON; YALE UNIVERSITY CENTER FOR GREEN CHEMISTRY AND GREEN ENGINEERING), CIRCULARITY PARTNERS (CIRCLE ECONOMY, REGENERATE FASHION, BENEFICIAL DESIGN INSTITUTE, OR FOUNDATION, AND METABOLIC INSTITUTE), AND COLLABORATED WITH THOUGHT PARTNERS (FASHION FOR GOOD, HKRITA). THIS PROJECT HAS EXPANDED OUR CIRCLE OF COLLABORATORS AND HAS UNLOCKED A VARIETY OF EXCITING CONVERSATIONS WITH OTHER INDIVIDUALS AND ORGANIZATIONS COMMITTED TO DRIVING THE CIRCULAR ECONOMY FORWARD. WE HAVE EXPANDED ON THE NATURE OF FASHION TO PROVIDE DIRECTION TO INDUSTRY STAKEHOLDERS UNPACKING OUR UNDERSTANDING OF BIODEGRADABILITY AND THE NEXT STEPS ON HOW TO INTEGRATE NATURE'S LESSONS ON MATERIALS METABOLISM INTO THE TEXTILE INDUSTRY. OUR GLOBAL NORTH AND GLOBAL SOUTH PILOTS PROVIDE TANGIBLE EXAMPLES OF HOW TO IMMEDIATELY APPLY THESE CONCEPTS. OUR BACKBONE PARTNERS (CIRCLE ECONOMY, REGENERATE FASHION, BENEFICIAL DESIGN INSTITUTE, AND OR FOUNDATION) HAVE A COMMITMENT TO SCALE THESE PILOTS IN THE LONG-TERM AND INTEGRATE THEM INTO REGIONAL PROCESSES. CIRCLE ECONOMY IS ENGAGING WITH MUNICIPAL PARTNERS SUCH AS THE CITY OF ROTTERDAM MEANWHILE THE OR FOUNDATION IS PARTNERED WITH THE MUNICIPAL WASTE MANAGEMENT, THE ACCRA METROPOLITAN ASSEMBLY, TO IMPLEMENT THEIR REMEDIATION SOLUTIONS.

4b (Code:) (Expenses \$ 581,310 including grants of \$ 102,430) (Revenue \$ 48,500)

INNOVATION - BIOMIMICRY LAUNCHPAD AND RAY OF HOPE PRIZE: THE BIOMIMICRY LAUNCHPAD SUPPORTS A COMMUNITY OF EARLY-STAGE SCIENTISTS AND ENTREPRENEURS WHO BENEFIT FROM EACH OTHER AS THEY DEEPEN THEIR BIOLOGICAL KNOWLEDGE AND DEVELOP THE SKILLS NEEDED TO TRANSFORM THEIR IDEAS FROM CONCEPT TO PROVEN PROTOTYPE AND BEYOND. THE PROGRAM FEATURES A VIRTUAL 10-WEEK CUSTOMER DISCOVERY AND TECHNOLOGY VALIDATION INCUBATOR, ALONG WITH A WEEK-LONG NATURE IMMERSION NEAR MISSOULA, MONTANA, WHICH BUILDS A LIFELONG COMMUNITY OF PEERS AND STRONG ENVIRONMENTAL ETHOS. THE LAUNCHPAD EQUIPS NATURE-INSPIRED SCIENTISTS, DESIGNERS, AND RESEARCHERS WITH THE SKILLS AND TOOLS THEY NEED TO TURN THEIR WORK INTO SCALABLE STARTUPS. IN 2023, WE SUPPORTED 16 MULTIDISCIPLINARY PARTICIPANTS, FROM COUNTRIES SUCH AS THE US, ECUADOR, AND INDIA. THIS COHORT INCLUDED SCIENTISTS STUDYING ELEPHANT TRUNK MECHANICS AND EPIPHYTE ADHESION MECHANISMS, AWARD WINNING ARTISTS AND DESIGNERS, AND EXPERIENCED ENGINEERS AND ARCHITECTS. AFTER PARTICIPATING IN THE PROGRAM, TWO PARTICIPANTS WENT ON TO START A NEW COMPANY, AND WE HAVE PROVIDED A GLOBAL SPEAKER AND MEDIA PLATFORM FOR SEVERAL OTHER PARTICIPANTS. IN ADDITION TO RUNNING THE BIOMIMICRY LAUNCHPAD PROGRAM, THE PROGRAM TEAM HAS ALSO BEEN SELECTED TO ADVISE ON A NUMBER OF SCIENTIFIC AND ENVIRONMENTAL ADVISORY GROUPS, INCLUDING A MULTI-UNIVERSITY UK RESEARCH AND INNOVATION GRANT TITLED BIO-DERIVED AND BIO-INSPIRED ADVANCED MATERIALS FOR SUSTAINABLE INDUSTRIES, AND ENGINEERING FOR ONE PLANET'S ADVISORY GROUP. THE RAY OF HOPE PRIZE PROGRAM IDENTIFIES STARTUPS WITH NATURE-INSPIRED SOLUTIONS, AMPLIFIES THEIR STORIES AND CONNECTS THEM TO MENTORS AND INVESTORS. THIS IS A HYBRID PROGRAM, WITH PARTICIPANTS ATTENDING A NATURE RETREAT DESIGNED TO CREATE A LIFE-LONG COMMUNITY OF ENVIRONMENTAL ENTREPRENEURS, FOLLOWED BY A 10-WEEK VIRTUAL PROGRAM FOCUSED ON SCIENCE COMMUNICATION AND SUSTAINABLE BUSINESS PRACTICES. THE PROGRAM CULMINATES WITH A \$100,000 PRIZE THAT HELPS COMPANIES CROSS A CRITICAL THRESHOLD IN BECOMING VIABLE BUSINESSES. IN SUPPORTING THE NEXT GENERATION OF BUSINESSES TO SOLVE BIG CHALLENGES, THE INSTITUTE BRINGS ATTENTION TO THE INNOVATIVE, NATURE-BASED SOLUTIONS NEEDED TO BUILD A SUSTAINABLE AND RESILIENT WORLD. THE 2023 AWARD RECIPIENT WAS SPARXELL, FROM CAMBRIDGE, ENGLAND. SPARXELL CREATES THE NEXT GENERATION OF COLORS AND EFFECTS WITH VIBRANT, METAL-LIKE PIGMENTS, ALL FROM PLANT-BASED CELLULOSE. SUSTAINABLE VIBRANT COLORANTS REPRESENT A \$65B MARKET FOR PRODUCTS AS DIVERSE AS COSMETICS, PAINTS, FABRICS, AUTOMOBILE COATINGS, AND PACKAGING. TRADITIONAL MATERIALS USED ARE NON-RENEWABLE, NON-BIODEGRADABLE AND UNSUSTAINABLY SOURCED MINERAL PIGMENTS OR OIL-DERIVED DYES. SPARXELL HAS DEVELOPED THE FIRST FULLY BIODEGRADABLE, NON-TOXIC, MICROPLASTIC-FREE, ENVIRONMENTALLY SUSTAINABLE PIGMENTS, GLITTERS, SEQUINS AND FILMS USING CELLULOSE NANOCRYSTALS (CNCS) ASSEMBLED INTO CHOLESTERIC (HELIX-LIKE) STRUCTURES TO PRODUCE INTENSE REFLECTANCE SPECTRA. ANODYNE CHEMISTRIES, FROM BURNABY, CANADA, WAS SELECTED AS THE \$25,000 RUNNER-UP. ANODYNE CREATES LOW AND NEGATIVE CO2 EMISSION CHEMICALS AND FUELS VIA THEIR UNIQUE ENZYME PROCESS. IN TOTAL, TEN STARTUPS WERE SELECTED TO PARTICIPATE IN THE 2023 RAY OF HOPE PRIZE PROGRAM, WHICH CONSISTED OF TRAINING ON SUSTAINABLE BUSINESS PRACTICES AND SCIENCE COMMUNICATION SKILLS, IN ADDITION TO ACCESSING A CURATED COMMUNITY OF EXPERT MENTORS, ADVISORS, AND INVESTORS. ADDITIONALLY, THESE 10 STARTUP COMPANIES PARTICIPATED IN A WEEK-LONG NATURE IMMERSION IN YOSEMITE NATIONAL PARK, IN WHICH THEY BUILT A LIFE-LONG COMMUNITY OF PEERS AND PARTICIPATED IN ACTIVITIES DESIGNED TO FOSTER A CONSERVATION AND ENVIRONMENTAL MINDSET. NOTE: THE RAYS OF HOPE PRIZE PROGRAM IS IN COLLABORATION WITH OUR FUNDING PARTNER, THE RAY C. ANDERSON FOUNDATION (RCAF). CASH AWARDS ARE PASSED-THRU FROM RCAF. NONCASH TRAVEL ASSISTANCE IS PROVIDED TO INDIVIDUAL PROGRAM PARTICIPANTS BY THE BIOMIMICRY INSTITUTE.

4c (Code:) (Expenses \$ 501,518 including grants of \$) (Revenue \$ 157,600)

ASKNATURE - AS THE LARGEST OPEN-ACCESS DATABASE FOR INNOVATORS TO FIND BIOLOGICAL MODELS FOR DESIGN GUIDANCE, ASKNATURE IS MISSION-CRITICAL FOR OUR WORK. STUDENTS USE ASKNATURE WHEN THEY FIRST LEARN DESIGN AND ENGINEERING SKILLS IN VARIOUS BIOMIMICRY PROGRAMS AND CONTINUE TO USE IT AS THEY ADVANCE THROUGH UNIVERSITY AND BECOME INNOVATORS. OUR AIM IS TO HAVE NATURE-INSPIRED DESIGN BECOME STANDARD PRACTICE, WITH ASKNATURE AS A PRIMARY TOOL. WE CURRENTLY HAVE MORE THAN 1,750 ARTICLES DESCRIBING BIOLOGICAL STRATEGIES (A CHARACTERISTIC, MECHANISM, OR PROCESS THAT PERFORMS A FUNCTION FOR AN ORGANISM OR OTHER TYPE OF LIVING SYSTEM), 300 ABOUT INNOVATIONS (STORIES BEHIND REALIZED AND CONCEPTUAL PRODUCTS, SERVICES, AND SYSTEM COMPONENTS THAT ARE INSPIRED BY BIOLOGY), 75 INDEXED RESOURCES SPECIFICALLY DESIGNED FOR EDUCATORS, AND 35 FEATURE PAGES FEATURING CURATED SUBSETS OF OUR CONTENT AND CONTEXTUALIZING INTROS OR ESSAYS. ASKNATURE IS THE WORLD'S GO-TO AND LARGEST OPEN-ACCESS SOURCE OF BIOMIMICRY EDUCATION RESOURCES FOR PRIMARY, SECONDARY, POST-SECONDARY, AND PROFESSIONAL AUDIENCES. IN 2023 WE IMPROVED FUNCTIONALITY AND ADDED OR UPDATED HUNDREDS OF PAGES OF CONTENT TO THIS SERVICE. IN 2023, APPROXIMATELY 712,000 PEOPLE VISITED THE SITE AND ACCESSED FREE RESOURCES AND CONTENT (IN 2022 THERE WERE 675,000 VISITORS). OVERALL THEY GENERATED OVER 3M VIEWS. THE US IS OUR LARGEST AUDIENCE, BUT 63% OF OUR TRAFFIC IS INTERNATIONAL, COMING FROM 233 COUNTRIES. OUR USERS ALSO COME FROM A WIDE VARIETY OF SECTORS INCLUDING EDUCATION, ARCHITECTURE, DESIGN, ENGINEERING, BIOTECHNOLOGY, ENVIRONMENT, LAND USE, HEALTH, TRANSPORTATION, ENERGY, FASHION, GOVERNMENT, NON-PROFITS, AND MEDIA. TO INCREASE OUR ABILITY TO CREATE NEW PAGES QUICKLY AND EFFICIENTLY, WE CONTINUED DEVELOPING AI TOOLS TO AID IN THE TRANSLATION OF INFORMATION FROM SCIENTIFIC PAPERS INTO ACCESSIBLE ASKNATURE PAGES. THE DRAFTING TOOL ALLOWS EDITORS TO PRODUCE CONTENT IN AS LITTLE AS 25% OF THE TIME PREVIOUSLY SPENT PER PAGE. WE ALSO BEGAN DEVELOPMENT OF A PUBLIC-FACING AI TOOL THAT WILL ALLOW USERS TO ENTER THEIR QUESTIONS IN A CHAT-STYLE INTERFACE AND RECEIVE SCIENTIFICALLY

ACCURATE INFORMATION IN EASY-TO-UNDERSTAND LANGUAGE, FRAMED WITHIN ASKNATURE'S EDITORIAL AND ETHICAL GUIDELINES, AND CONTEXTUALIZED FOR EACH USER'S PARTICULAR CHALLENGES AND AREA OF ACTIVITY. BUILDING ON OUR INCREASED EFFORTS IN ILLUSTRATION FROM 2022, WE LAUNCHED A NEW SERIES ON INSTAGRAM, TRANSLATING BIOLOGICAL STRATEGIES INTO BLUEPRINT-LIKE OVERLAYS ON TOP OF BEAUTIFUL NATURE PHOTOS. WE PRODUCED 36 OF THESE IMAGES, GENERATING THOUSANDS OF NEW LIKES AND ROUGHLY DOUBLING THE AVERAGE NUMBER OF LIKES PER POST FOR OUR ACCOUNT. WE CONTINUED THE GROWTH AND DEVELOPMENT OF OUR MONTHLY NEWSLETTER, WHICH GAINED MORE THAN 4,000 ADDITIONAL SUBSCRIBERS (BRINGING THE TOTAL TO 9,000). ASKNATURE'S RELATIVELY SMALL BUT IMPACTFUL NEWSLETTER CONSISTENTLY OUTPERFORMS INDUSTRY STANDARDS FOR HIGH OPEN RATES, HIGH ENGAGEMENT RATES, AND LOW UNSUBSCRIBES. WE ALSO CONTINUED WRITING AND RECORDING 40 ROUGHLY 1-MINUTE AUDIO STORIES ABOUT BIOLOGICAL STRATEGIES IN NATURE FOR THE WONDERSPACE PODCAST FROM THE PANAHPUR FOUNDATION.

(Code:) (Expenses \$ 252,557 including grants of \$) (Revenue \$ 11,404)

EDUCATION AND OUTREACH YOUTH EDUCATION AND DESIGN CHALLENGES PROGRAMS: THE BIOMIMICRY YOUTH DESIGN CHALLENGE (YDC) PROVIDES A FRAMEWORK FOR MIDDLE AND HIGH SCHOOL STUDENTS TO LEARN STEM AND ENVIRONMENTAL SCIENCE USING BIOMIMICRY AND A PROJECT-BASED EXPERIENCE. THE BIOMIMICRY INSTITUTE IMPLEMENTED THE SIXTH YDC PROGRAM THIS YEAR, WITH A TOTAL OF 353 PEOPLE REGISTERING TO THE YDC WEBSITE. AROUND 65% OF REGISTRANTS PLANNED A DESIGN PROJECT WITH THEIR STUDENTS, 11% PLANNED TO USE THE RESOURCES IN OTHER WAYS, AND THE REMAINING 24% WERE INTERESTED ONLY IN VIEWING THE RESOURCES FOR FUTURE USE. REGISTERED USERS REPRESENTED 52 DIFFERENT COUNTRIES; USERS RESIDING IN THE UNITED STATES CAME FROM 47 DIFFERENT STATES. TEAMS OF 82 COACHES AND 584 STUDENTS SUCCESSFULLY SUBMITTED 177 PROJECTS TO THE YDC COMPETITION (81 IN THE HIGH SCHOOL TRACK AND 96 IN THE MIDDLE SCHOOL TRACK), REPRESENTING A 42% INCREASE FROM THE PRIOR YEAR'S 125 SUBMISSIONS. FINDINGS FROM THE EVALUATION PRESENTED IN THIS REPORT INDICATE THE PROGRAM HAD A POSITIVE IMPACT ON STUDENTS AND COACHES' KNOWLEDGE, SKILLS, AND ATTITUDES. COACHES' CONFIDENCE IN THEIR ABILITY TO GUIDE STUDENTS THROUGH THE DESIGN CHALLENGE EXPERIENCE INCREASED FROM 83% AT PRETEST TO 96% AT POST TEST. COACHES' CONFIDENCE IN THEIR ABILITY TO INTRODUCE BIOMIMICRY TO THEIR STUDENTS INCREASED FROM 87% TO 96% AT POSTTEST, AND THEIR ABILITY TO UNDERSTAND THE BIOMIMICRY DESIGN PROCESS REMAINED ALMOST THE SAME, FROM 82% TO 83%. THE AREAS IN WHICH STUDENTS WERE MOST LIKELY TO REPORT BEING IMPACTED BY THE PROGRAM (AS MEASURED BY THE PERCENTAGE OF STUDENTS REPORTING A "MODERATE" TO "STRONG IMPACT") WERE: UNDERSTANDING OF BIOMIMICRY (90%), KNOWING HOW TO SOLVE PROBLEMS (85%), AND THINKING CRITICALLY (84%). AREAS THAT COACHES WERE MOST LIKELY TO REPORT THAT THE PROGRAM IMPACTED STUDENTS WERE: STUDENTS' UNDERSTANDING OF BIOMIMICRY (100%), ABILITY TO IDENTIFY DESIGN PROBLEMS (98%), LEARNING AND USING SCIENTIFIC INFORMATION (98%), COLLABORATION SKILLS (98%), AND STUDENT ENGAGEMENT (93%).

4d	Other program services (Describe in Schedule O.)	(Expenses \$ 252,557 including grants of \$)	(Revenue \$ 11,404)
4e	Total program service expenses	2,298,735	

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions 11a-e and 12a-b. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
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>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
25b	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>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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?		No
34	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>		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
35b	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>		
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>		No
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>		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on 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?	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 17, including sub-questions a-e for various items, and corresponding answer boxes.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee, or key employee listed in Part VII...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe on Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (C A, NY) 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records: AMANDA STURGEON PO BOX 9216 MISSOULA, MT 59807 (415) 800-1401

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) ANGELA NAHIKIAN PRESIDENT	2.00	X		X			0	0	0	
(2) KENT SNYDER VICE PRESIDENT	2.00	X		X			0	0	0	
(3) ERIN ROVALO TREASURER	1.00	X		X			0	0	0	
(4) JIM BUNCH SECRETARY	2.00	X		X			0	0	0	
(5) DANIEL KINZER DIRECTOR	1.00	X					0	0	0	
(6) MARY DAVIDGE DIRECTOR	1.00	X					0	0	0	
(7) EVELYN ERICKSON DIRECTOR	1.00	X					0	0	0	
(8) LAUREN BIRNEY DIRECTOR	1.00	X					0	0	0	
(9) LISA GAUTIER DIRECTOR	1.00	X					0	0	0	
(10) BILLY ALMON DIRECTOR	1.00	X					0	0	0	
(11) DIMITRI DEHEYN DIRECTOR	1.00	X					0	0	0	
(12) DANIELA PIGOSSO DIRECTOR	1.00	X					0	0	0	
(13) AMANDA STURGEON CHIEF EXECUTIVE OFFICER	40.00			X			26,035	0	0	
(14) BETH RATTNER EXECUTIVE DIRECTOR	40.00			X			170,539	0	16,327	
(15) ANDREW HOWLEY ASKNATURE CHIEF EDITOR	40.00					X	101,454	0	10,236	
(16) MEGAN DWYER ASKNATURE BRAND MARKETING DIRECTOR	40.00					X	101,200	0	4,048	

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants, and Other Similar Amounts, and Federated campaigns, Membership dues, Fundraising events, etc.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include CONSULTING, ONLINE EDUCATION, LICENSE FEE, SPEAKING ENGAGEMENTS, etc.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Gross rents, Net rental income, Gross amount from sales of assets, Net gain or (loss), Gross income from fundraising events, Net income or (loss) from fundraising events, Gross income from gaming activities, Net income or (loss) from gaming activities, Gross sales of inventory, Net income or (loss) from sales of inventory, etc.

Table for Other Revenue Misc Amt with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include Business Code, All other revenue, Total revenue, and Total revenue summary.

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	216,733	216,733		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	43,721	43,721		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	63,081	63,081		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	212,901	149,875	38,568	24,458
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,143,711	805,131	207,191	131,389
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,760	23,766	6,116	3,878
9 Other employee benefits	55,898	39,350	10,126	6,422
10 Payroll taxes	107,660	75,789	19,503	12,368
11 Fees for services (non-employees):				
a Management				
b Legal	25,519		25,519	
c Accounting	47,380		47,380	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	730,959	643,411	84,901	2,647
12 Advertising and promotion				
13 Office expenses	41,110	24,334	11,876	4,900
14 Information technology	81,747	53,942	20,509	7,296
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	122,604	80,030	39,199	3,375
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	61,323	57,944	3,300	79
23 Insurance	15,988	3,234	12,226	528
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	138,616	18,394	117,356	2,866
b CURRENT TRANSLATION LOS	11,603		11,603	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,154,314	2,298,735	655,373	200,206
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 IX

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	337,084	1	584,014
	2 Savings and temporary cash investments	1,655,869	2	1,141,725
	3 Pledges and grants receivable, net	20,594	3	398,761
	4 Accounts receivable, net	525	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	20,116	9	41,534
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 221,571		
	b Less: accumulated depreciation	10b 184,317	84,730	10c 37,254
	11 Investments—publicly traded securities		11	
	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	25	15	
16 Total assets: Add lines 1 through 15 (must equal line 33)	2,118,943	16	2,203,288	
Liabilities	17 Accounts payable and accrued expenses	148,566	17	241,025
	18 Grants payable		18	
	19 Deferred revenue	438,693	19	369,885
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	587,259	26	610,910
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,258,691	27	1,410,488
	28 Net assets with donor restrictions	272,993	28	181,890
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,531,684	32	1,592,378
33 Total liabilities and net assets/fund balances	2,118,943	33	2,203,288	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,215,008
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,154,314
3	Revenue less expenses. Subtract line 2 from line 1	3	60,694
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,531,684
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	1,592,378

Part XII Financial Statements and Reporting

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

		Yes	No
1	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 on Schedule O.		
2a	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		No
2b	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	Yes	
2c	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.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
3b	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.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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.
 Go to www.irs.gov/Form990 for instructions and the latest information.

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 12, 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 (Form 990).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,752,504	1,873,028	1,885,407	2,632,352	2,965,835	11,109,126
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	1,752,504	1,873,028	1,885,407	2,632,352	2,965,835	11,109,126
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						6,887,094
6 Public support. Subtract line 5 from line 4.						4,222,032

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	1,752,504	1,873,028	1,885,407	2,632,352	2,965,835	11,109,126
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,519	8,168	4,419	5,178	35,850	66,134
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						11,175,260
12 Gross receipts from related activities, etc. (see instructions)					12	382,611
13 First 5 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

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	37.780 %
15 Public support percentage for 2022 Schedule A, Part II, line 14	15	32.650 %
16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2022. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2023. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2022. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests—2023. 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.
b 33 1/3% support tests—2022. 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.
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 Supporting Organizations

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

Section A. All Supporting Organizations

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|--|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|--|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 0.035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |

Section C - Distributable Amount

Current Year

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------|----------|--|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

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Schedule B

Schedule of Contributors

OMB No. 1545-0047

(Form 990)
Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

2023

Name of the organization THE BIOMIMICRY INSTITUTE	Employer identification number 86-1153859
------------------------------------------------------	----------------------------------------------

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)() (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE BIOMIMICRY INSTITUTE

Employer identification number
86-1153859

Part I
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 THE BIOMIMICRY INSTITUTE

Employer identification number
 86-1153859

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization
THE BIOMIMICRY INSTITUTE

Employer identification number
86-1153859

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

Return to Form

Software ID:

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Supplemental Financial Statements

2022

Open to Public Inspection

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes, a table for 'Held at the End of the Year' with rows 2a-2d, and several text-based questions.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts.

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" on 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 |
|--------------------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **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" on 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 current year end balance (line 1g, column (a)) held as:

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

The percentages on 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:

	Yes	No
(i) Unrelated organizations	3a(i)	
(ii) Related organizations	3a(ii)	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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" on 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
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		221,571	184,317	37,254
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				37,254

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other, and (A) through (H). Total row at the bottom.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9). Total row at the bottom.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9). Total row at the bottom.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1: (1) Federal income taxes. Total row at the bottom.

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,219,189
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	4,181	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	4,181
3	Subtract line 2e from line 1		3	3,215,008
4	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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,215,008

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,158,495
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	4,181	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	4,181
3	Subtract line 2e from line 1		3	3,154,314
4	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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,154,314

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.

Return Reference	Explanation
PART X, LINE 2:	THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE INSTITUTE MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THAT POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR FISCAL YEARS 2023 AND 2022. THE INSTITUTE FILES FORM 990 IN THE U.S. FEDERAL JURISDICTION. THE INSTITUTE IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2020.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2023

Open to Public Inspection

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 or 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) EUROPE	0	7	PROGRAM SERVICES	PROGRAMMATIC INDEPENDENT CONTRACTOR SERVICES	240,081
(2) CANADA - NORTH AMERICA	0	1	PROGRAM SERVICES	PROGRAMMATIC INDEPENDENT CONTRACTOR SERVICES	7,560
(3) EUROPE	0	4	FUNDRAISING	RECEIVED FOUR GRANTS FROM FOUNDATIONS LOCATED IN EUROPE	878,283
(4) SUB-SAHARAN AFRICA	0	1	PROGRAMMATIC GRANT AWARDED	GRANT AWARDED FOR PROGRAMMATIC ASSISTANCE	4,373
(5) EUROPE	0	7	PROGRAMMATIC NONCASH GRANT ACTIVITIES	PROGRAMMATIC PARTICIPANT TRAVEL EXPENSES	25,168
(6) CANADA - NORTH AMERICA	0	4	PROGRAMMATIC NONCASH GRANT ACTIVITIES	PROGRAMMATIC PARTICIPANT TRAVEL EXPENSES	14,382
(7) MIDDLE EAST AND NORTH AFRICA	0	2	PROGRAMMATIC NONCASH GRANT ACTIVITIES	PROGRAMMATIC PARTICIPANT TRAVEL EXPENSES	7,191
(8) CANADA - NORTH AMERICA	0	1	PROGRAMMATIC NONCASH GRANT ACTIVITIES	PROGRAMMATIC PARTICIPANT TRAVEL EXPENSES	2,469
(9) INDIA - SOUTH ASIA	0	2	PROGRAMMATIC NONCASH GRANT ACTIVITIES	PROGRAMMATIC PARTICIPANT TRAVEL EXPENSES	4,938
(10) EUROPE	0	2	PROGRAMMATIC NONCASH GRANT ACTIVITIES	PROGRAMMATIC PARTICIPANT TRAVEL EXPENSES	4,938
(11) SOUTH AMERICA	0	2	PROGRAMMATIC NONCASH GRANT ACTIVITIES	PROGRAMMATIC PARTICIPANT TRAVEL EXPENSES	4,938
(12) SINGAPORE - EAST ASIA AND THE PACIFIC	0	1	PROGRAMMATIC NONCASH GRANT ACTIVITIES	PROGRAMMATIC PARTICIPANT TRAVEL EXPENSES	2,469
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	27			1,179,507
b Total from continuation sheets to Part I	0	7			17,283
c Totals (add lines 3a and 3b)	0	34			1,196,790

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.

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

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

3 Enter total number of other organizations or entities

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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU	2			24,790	TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION ON BEHALF OF THE PARTICIPANTS OF OUR RAY OF HOPE PROGRAMS	BOOK
(2)	NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	1			14,382	TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION ON BEHALF OF THE PARTICIPANTS OF OUR RAY OF HOPE PROGRAMS	BOOK
(3)	MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	1			7,191	TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION ON BEHALF OF THE PARTICIPANTS OF OUR RAY OF HOPE PROGRAMS	BOOK
(4)	SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,	2			4,938	TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION ON BEHALF OF THE PARTICIPANTS OF OUR RAY OF HOPE PROGRAMS	BOOK
(5)	SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	2			4,938	TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION ON BEHALF OF THE PARTICIPANTS OF OUR RAY OF HOPE PROGRAMS	BOOK
(6)	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	1			2,469	TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION ON BEHALF OF THE PARTICIPANTS OF OUR RAY OF HOPE PROGRAMS	BOOK
(7)	GRANT TO STUDENTS AS TUITION AND STIPEND FOR ASSISTANCE ON THE D4T PROJECT	1	4,373	WIRE TRANSFER			BOOK
(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 separately 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; don't file with Form 990)* 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Additional Data

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
THE BIOMIMICRY INSTITUTE

Employer identification number

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) YALE UNIVERSITY SCHOOL OF THE ENVIRONMENT 195 PROSPECT ST NEW HAVEN, CT 06511	06-0646973	501(C)(3)	40,000	0			GIFT TO THE YALE CENTER FOR GREEN CHEMISTRY AND GREEN ENGINEERING PER GIFT LETTER
(2) THE OR FOUNDATION 103 CHOPTANK TERRACE CAMBRIDGE, MD 21613	27-1488092	501(C)(3)	176,733	0			D4D PILOT 2

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

3 Enter total number of other organizations listed in the line 1 table ▶

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION ON BEHALF OF PROGRAM PARTICIPANTS	13		43,721	BOOK	TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION FOR PROGRAM PARTICIPANTS
(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.

Return Reference	Explanation
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Additional Data

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE BIOMIMICRY INSTITUTE

Employer identification number

86-1153859

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|-------------------------------------------------------------------|--------------------------------------------------------------------------|
| <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 idemnification 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) |

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 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.

- | | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on 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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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.

Return Reference	Explanation
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SCHEDULE O
(Form 990)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

2023Department of the Treasury
Internal Revenue Service**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.****Open to Public
Inspection****Go to www.irs.gov/Form990 for the latest information.**Name of the organization
THE BIOMIMICRY INSTITUTE**Employer identification number**

86-1153859

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FOLLOWING IS THE OFFICIAL BIOMIMICRY INSTITUTE 990 POLICY INCLUDED AS PART OF ITS BOARD OF DIRECTORS' GOVERNANCE POLICIES: THE BIOMIMICRY INSTITUTE RECOGNIZES THAT THE BOARD OF DIRECTORS HAS THE RIGHT TO REVIEW THE FORM 990 PRIOR TO ITS FILING. PROCEDURE IS AS FOLLOWS: A. THE BIOMIMICRY'S SENIOR MANAGEMENT IS RESPONSIBLE FOR THE TIMELY PREPARATION OF FORM 990. B. THE COMPLETED FORM 990 IS 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 ARE ADDRESSED BY THE BIOMIMICRY INSTITUTE'S FINANCIAL OFFICER AND INCORPORATED INTO THE FORM 990 AS APPROPRIATE. C. ALL MEMBERS OF THE BOARD OF DIRECTORS ARE INVITED TO VIEW THE COMPLETED FORM 990 IN ADVANCE OF THE FILING DEADLINE. QUESTIONS AND CONCERNS OF THE BOARD ARE ADDRESSED BY THE BIOMIMICRY INSTITUTE'S 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 FILES THE FINAL FORM 990 AS REQUIRED.
FORM 990, PART VI, SECTION B, LINE 12C	ACCORDING TO THE BIOMIMICRY INSTITUTE'S (TBI) CONFLICT OF INTEREST POLICY EACH DIRECTOR, PRINCIPAL, OFFICER AND MEMBER OF THE COMMITTEE WITH GOVERNING BOARDDELEGATED 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 TBI IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAXEXEMPT PURPOSES. IN ADDITION, OUR POLICY CALLS FOR PERIODIC REVIEWS TO ENSURE TBI OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAXEXEMPT 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 REASONABLE INVESTMENT OF 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	THE BOARD OF DIRECTORS CONDUCTS AN ANNUAL REVIEW OF TOTAL COMPENSATION AND BENEFITS FOR ALL OFFICERS AND KEY EMPLOYEES. PART OF THE REVIEW IS TO DETERMINE WHICH EMPLOYEES ARE OFFICERS OR KEY EMPLOYEES. THE REVIEW IS BASED ON COMPARABLE COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE BOARD ALSO DOCUMENTS ITS DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT AND AS TO ANY CHANGES TO BE IMPLEMENTED IN COMPENSATION OR BENEFITS FOR THE DESIGNATED PERSONS. THE PROCESS WAS LAST CONDUCTED IN OCTOBER 2022.
FORM 990, PART VI, SECTION C, LINE 19	THE 990, GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THEY ARE ALSO AVAILABLE THROUGH THIRD PARTY SITES SUCH AS GUIDESTAR. THE 990 AND AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON OUR WEBSITE.
FORM 990, PART IX, LINE 11G	PROFESSIONAL SERVICES: PROGRAM SERVICE EXPENSES 643,411. MANAGEMENT AND GENERAL EXPENSES 84,901. FUNDRAISING EXPENSES 2,647. TOTAL EXPENSES 730,959.

Additional Data

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