

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization THE BIOMIMICRY INSTITUTE D Employer identification number 86-1153859 E Telephone number (415) 800-1401 G Gross receipts \$ 3,215,008. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.BIOMIMICRY.ORG K Form of organization: L Year of formation: 2005 M State of legal domicile: MT

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO NATURALIZE BIOMIMICRY IN THE CULTURE BY PROMOTING THE TRANSFER OF IDEAS, DESIGNS, AND STRATEGIES; 2-7 Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature of officer: AMANDA STURGEON, CHIEF EXECUTIVE OFFICER. Date: Preparer: CHERYL GUIDDY, Date: 11/14/24, PTIN: P00266294. Firm: HARRIS & CO., PLLC, 1120 S. RACKHAM WAY, STE 100, MERIDIAN, ID 83642.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

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,

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 [X] 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 [X] 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.

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.

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,

4d Other program services (Describe on 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

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and their compliance status.

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

Table with 3 columns: Question ID, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 12		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA, NY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
AMANDA STURGEON - 415-800-1401
PO BOX 9216, MISSOULA, MT 59807

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- 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 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) BETH RATTNER EXECUTIVE DIRECTOR	40.00			X			170,539.	0.	16,327.	
(2) ANDREW HOWLEY ASKNATURE CHIEF EDITOR	40.00				X		101,454.	0.	10,236.	
(3) MEGAN DWYER ASKNATURE BRAND MARKETING DIRECTOR	40.00				X		101,200.	0.	4,048.	
(4) AMANDA STURGEON CHIEF EXECUTIVE OFFICER	40.00			X			26,035.	0.	0.	
(5) ANGELA NAHIKIAN PRESIDENT	2.00	X		X			0.	0.	0.	
(6) KENT SNYDER VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(7) ERIN ROVALO TREASURER	1.00	X		X			0.	0.	0.	
(8) JIM BUNCH SECRETARY	2.00	X		X			0.	0.	0.	
(9) DANIEL KINZER DIRECTOR	1.00	X					0.	0.	0.	
(10) MARY DAVIDGE DIRECTOR	1.00	X					0.	0.	0.	
(11) EVELYN ERICKSON DIRECTOR	1.00	X					0.	0.	0.	
(12) LAUREN BIRNEY DIRECTOR	1.00	X					0.	0.	0.	
(13) LISA GAUTIER DIRECTOR	1.00	X					0.	0.	0.	
(14) BILLY ALMON DIRECTOR	1.00	X					0.	0.	0.	
(15) DIMITRI DEHEYN DIRECTOR	1.00	X					0.	0.	0.	
(16) DANIELA PIGOSSO DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
1b Subtotal							399,228.	0.	30,611.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							399,228.	0.	30,611.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,961,654.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 5,100.			
	h	Total. Add lines 1a-1f		2,961,654.			
Program Service Revenue	2 a	CONSULTING	Business Code				
			900099	211,560.	211,560.		
	b	ONLINE EDUCATION	611710	4,409.	4,409.		
	c	LICENSE FEE	611710	1,000.	1,000.		
	d	SPEAKING ENGAGEMENTS	611710	535.	535.		
	e					
	f	All other program service revenue					
g	Total. Add lines 2a-2f		217,504.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		35,850.		35,850.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	Business Code				
	b					
	c					
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		3,215,008.	217,504.	0.	35,850.	

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 X

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 (nonemployees):				
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 Sch 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 on 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 X

		(A) Beginning of year		(B) 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 on 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 (B))	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		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1752504.	1873028.	1885407.	2632352.	2965835.	11109126.
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	1752504.	1873028.	1885407.	2632352.	2965835.	11109126.
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)						6887094.
6 Public support. Subtract line 5 from line 4.						4222032.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1752504.	1873028.	1885407.	2632352.	2965835.	11109126.
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						11175260.
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	37.78 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	32.65 %
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

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

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**. The organization qualifies as a publicly supported organization

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**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

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):		
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 0.85 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	<input type="checkbox"/> 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 3e		
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. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result 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		

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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)(3) (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 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization THE BIOMIMICRY INSTITUTE	Employer identification number 86-1153859
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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
1	<hr/> <hr/> <hr/>	\$ <u>530,721.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>515,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>485,575.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>331,069.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>158,386.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE BIOMIMICRY INSTITUTE	Employer identification number 86-1153859
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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
7	<hr/> <hr/> <hr/>	\$ <u>113,262.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>75,914.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE BIOMIMICRY INSTITUTE	Employer identification number 86-1153859
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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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization THE BIOMIMICRY INSTITUTE	Employer identification number 86-1153859
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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 info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2023

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (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 property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, modified easements, states where located, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i).

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include elected not to report art collections, elected to report art collections with revenue and asset amounts, and received or held works of art for financial gain.

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 make 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 program
 - 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 line 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, line 10c, column (B))				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.

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

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.

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

Part IX Other Assets

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

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

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.

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

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 FASB 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.

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.

Part XIII Supplemental Information *(continued)*

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.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on 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.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE BIOMIMICRY INSTITUTE

Employer identification number

86-1153859

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the 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
EUROPE	0	7	PROGRAM SERVICES	PROGRAMMATIC INDEPENDENT CONTRACTOR SERVICES	240,081.
CANADA - NORTH AMERICA	0	1	PROGRAM SERVICES	PROGRAMMATIC INDEPENDENT CONTRACTOR SERVICES	7,560.
EUROPE	0	4	FUNDRAISING	RECEIVED FOUR GRANTS FROM FOUNDATIONS LOCATED IN EUROPE	878,283.
SUB-SAHARAN AFRICA	0	1	PROGRAMMATIC GRANT AWARDED	GRANT AWARDED FOR PROGRAMMATIC ASSISTANCE	4,373.
EUROPE	0	7	PROGRAMMATIC NONCASH GRANT ACTIVITIES	PROGRAMMATIC PARTICIPANT TRAVEL EXPENSES	25,168.
CANADA - NORTH AMERICA	0	4	PROGRAMMATIC NONCASH GRANT ACTIVITIES	PROGRAMMATIC PARTICIPANT TRAVEL EXPENSES	14,382.
MIDDLE EAST AND NORTH AFRICA	0	2	PROGRAMMATIC NONCASH GRANT ACTIVITIES	PROGRAMMATIC PARTICIPANT TRAVEL EXPENSES	7,191.
CANADA - NORTH AMERICA	0	1	PROGRAMMATIC NONCASH GRANT ACTIVITIES	PROGRAMMATIC PARTICIPANT TRAVEL EXPENSES	2,469.
3 a Subtotal	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.

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

Schedule F (Form 990) 2023

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
INDIA - SOUTH ASIA	0	2	PROGRAMMATIC NONCASH GRANT ACTIVITIES	PROGRAMMATIC PARTICIPANT TRAVEL EXPENSES	4,938.
EUROPE	0	2	PROGRAMMATIC NONCASH GRANT ACTIVITIES	PROGRAMMATIC PARTICIPANT TRAVEL EXPENSES	4,938.
SOUTH AMERICA	0	2	PROGRAMMATIC NONCASH GRANT ACTIVITIES	PROGRAMMATIC PARTICIPANT TRAVEL EXPENSES	4,938.
SINGAPORE - EAST ASIA AND THE PACIFIC	0	1	PROGRAMMATIC NONCASH GRANT ACTIVITIES	PROGRAMMATIC PARTICIPANT TRAVEL EXPENSES	2,469.
Totals		7			17,283.

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)
	EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	2	0.		24,790.	TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION ON BEHALF OF THE	BOOK
	NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	1	0.		14,382.	TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION ON BEHALF OF THE	BOOK
	MIDDLE EAST AND NORTH AFRICA - ALGERIA, SAUDI ARABIA, DJIBOUTI, EGYPT,	1	0.		7,191.	TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION ON BEHALF OF THE	BOOK
	SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	2	0.		4,938.	TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION ON BEHALF OF THE	BOOK
	SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLOMBIA,	2	0.		4,938.	TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION ON BEHALF OF THE	BOOK
	EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	1	0.		2,469.	TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION ON BEHALF OF THE	BOOK
GRANT TO STUDENTS AS TUITION AND STIPEND FOR ASSISTANCE ON THE D4T PROJECT	SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	1	4,373.	WIRE TRANSFER	0.		BOOK

SEE PART V FOR COLUMN (G) DESCRIPTIONS

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

TRAVEL EXPENSES ARE PAID DIRECTLY BY THE ORGANIZATION ON BEHALF OF EVENT PARTICIPANTS.

PART III, COLUMN (G):**(A) REGION:**

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION ON BEHALF OF THE PARTICIPANTS OF OUR RAY OF HOPE PROGRAMS

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION ON BEHALF OF THE PARTICIPANTS OF OUR RAY OF HOPE PROGRAMS

(A) REGION:

MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION ON BEHALF OF THE PARTICIPANTS OF OUR RAY OF HOPE PROGRAMS

(A) REGION:

SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION ON BEHALF OF THE PARTICIPANTS OF OUR RAY OF HOPE PROGRAMS

Part V Supplemental Information

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

(A) REGION:

SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TRAVEL EXPENSES PAID FOR

DIRECTLY BY THE ORGANIZATION ON BEHALF OF THE PARTICIPANTS OF OUR RAY OF

HOPE PROGRAMS

REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,

(G) DESCRIPTION OF NON-CASH ASSISTANCE: TRAVEL EXPENSES PAID FOR

DIRECTLY BY THE ORGANIZATION ON BEHALF OF THE PARTICIPANTS OF OUR RAY OF

HOPE PROGRAMS

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
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
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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION ON BEHALF OF PROGRAM PARTICIPANTS	13	0.	43,721.	BOOK	TRAVEL EXPENSES PAID FOR DIRECTLY BY THE ORGANIZATION FOR PROGRAM PARTICIPANTS

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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 indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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 section 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 on 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		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BETH RATTNER EXECUTIVE DIRECTOR	(i)	170,539.	0.	0.	6,059.	10,268.	186,866.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

THE BIOMIMICRY INSTITUTE

Employer identification number

86-1153859

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FROM BIOLOGY TO SUSTAINABLE HUMAN SYSTEMS DESIGN.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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

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

Schedule O (Form 990) 2023

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

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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

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

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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.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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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

Name of the organization

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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.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

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

EXPENSES \$ 252,557. INCLUDING GRANTS OF \$ 0. REVENUE \$ 11,404.

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

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

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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, OTHER FEES:

PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	643,411.
MANAGEMENT AND GENERAL EXPENSES	84,901.
FUNDRAISING EXPENSES	2,647.

