

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning _____, 2013, and ending _____, 20__

2013

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo

Name of exempt organization

Employer identification number

MOTE MARINE LABORATORY, INC.

59-0756643

Name and title of officer

MICHAEL P. CROSBY, PH.D.

CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

| | | | |
|--|--|----|--------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 21,282,894. |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b | |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **KERKERING, BARBERIO & CO.**

ERO firm name

to enter my PIN **49830**

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

9/9/14

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

65021619908

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

9/9/14

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.
323051
10-01-13

Form 8879-EO (2013)

Return of Organization Exempt From Income Tax

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

2013

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

| | | | |
|---|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization MOTE MARINE LABORATORY, INC. | | D Employer identification number 59-0756643 |
| | Doing Business As | | E Telephone number (941) 388-4441 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 23,088,768. |
| | 1600 KEN THOMPSON PARKWAY | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| City or town, state or province, country, and ZIP or foreign postal code SARASOTA, FL 34236 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | H(c) Group exemption number |
| F Name and address of principal officer: MICHAEL P. CROSBY, PH.D. SAME AS C ABOVE | | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | |
| J Website: WWW.MOTE.ORG | | L Year of formation: 1955 M State of legal domicile: FL | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | | |

Part I Summary

| | | | |
|---|--|---------------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: ADVANCING THE SCIENCE OF THE SEA THROUGH RESEARCH, EDUCATION AND OUTREACH. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 28 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 26 |
| | 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 220 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 1685 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 3,007,908. | 4,217,004. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 14,223,590. | 14,914,237. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -140,652. | 36,716. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 444,408. | 2,114,937. |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 17,535,254. | 21,282,894. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 283,544. | 297,383. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 10,021,356. | 10,578,402. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 0. | 0. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,256,253. | |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 9,195,211. | 8,989,674. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 19,500,111. | 19,865,459. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 46,987,486. | 48,685,100. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 15,367,280. | 14,137,039. |
| | | 31,620,206. | 34,548,061. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|--|---------------------------------|----------------------------------|---|--------------------------|
| Sign Here | Signature of officer | Date | | | |
| | MICHAEL P. CROSBY, PH.D., CEO Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name REBECCA U. STONER | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN P00585910 |
| | Firm's name KERKERING, BARBERIO & CO. | Firm's EIN 59-1753337 | Phone no. 941-365-4617 | | |
| | Firm's address P.O. BOX 49348 SARASOTA, FL 34230-6348 | | | | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: DEDICATED TO ADVANCING THE SCIENCE OF THE SEA THROUGH THE STUDY OF MARINE AND ESTUARINE ECOSYSTEMS, THROUGH THE PUBLIC MOTE AQUARIUM AND THROUGH AN EDUCATION DIVISION THAT PROVIDES UNIQUE PROGRAMS FOR ALL AGES.

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 \$ 9,067,175. including grants of \$ 76,100.) (Revenue \$ 8,395,217.) SEE SCHEDULE O:

4b (Code:) (Expenses \$ 3,332,445. including grants of \$) (Revenue \$ 3,533,597.) SEE SCHEDULE O:

4c (Code:) (Expenses \$ 982,220. including grants of \$ 69,850.) (Revenue \$ 668,450.) SEE SCHEDULE O:

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,405,362. including grants of \$ 151,433.) (Revenue \$ 2,316,973.)

4e Total program service expenses 16,787,202.

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 Schedule B, Schedule of Contributors? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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> | | 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? | | |

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|-----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1a | 112 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| 2a | 220 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | X | |
| 7h | | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 8 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| 9a | | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 9b | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |

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

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

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 in Schedule O. | | |
| 1a | 28 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| 1b | 26 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its 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 |
| 7b | | | 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 | |
| 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 8b | | 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 in Schedule O | | X |
| 9 | | | 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 |
| 10a | | | 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? | | |
| 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11a | | X | |
| b | Describe in 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 | |
| 12a | | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12b | | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 12c | | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 13 | | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 14 | | 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 | |
| 15a | | X | |
| b | Other officers or key employees of the organization | X | |
| 15b | | X | |
| | If "Yes" to line 15a or 15b, describe the process in 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 |
| 16a | | | 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? | | |
| 16b | | | |

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DENA SMITH @ MOTE MARINE LABORATORY - 941-388-4441**
1600 KEN THOMPSON PARKWAY, SARASOTA, FL 34236

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) ALAN ROSE TRUSTEE | 5.00 | X | | | | | | 0. | 0. | 0. |
| (2) ARTHUR ARMITAGE CHAIRMAN EMERITUS | 5.00 | X | | | | | | 0. | 0. | 0. |
| (3) EDWARD H. JENNINGS TRUSTEE | 5.00 | X | | | | | | 0. | 0. | 0. |
| (4) EUGENIE CLARK, PH.D. TRUSTEE | 5.00 | X | | | | | | 0. | 0. | 0. |
| (5) FREDERICK M. DERR, P.E. CHAIRMAN EMERITUS | 5.00 | X | | | | | | 0. | 0. | 0. |
| (6) PAUL CARREIRO TRUSTEE | 5.00 | X | | | | | | 0. | 0. | 0. |
| (7) HOWARD SEIDER, JR., M.D. TRUSTEE | 5.00 | X | | | | | | 0. | 0. | 0. |
| (8) JAMES D. ERICSON TRUSTEE | 5.00 | X | | | | | | 0. | 0. | 0. |
| (9) DEAN EISNER TRUSTEE | 5.00 | X | | | | | | 0. | 0. | 0. |
| (10) JUDY GRAHAM CHAIRMAN EMERITUS | 5.00 | X | | | | | | 0. | 0. | 0. |
| (11) MARY LOU JOHNSON TRUSTEE | 5.00 | X | | | | | | 0. | 0. | 0. |
| (12) NIGEL MOULD TRUSTEE | 5.00 | X | | | | | | 0. | 0. | 0. |
| (13) PENELOPE KINGMAN TRUSTEE | 5.00 | X | | | | | | 0. | 0. | 0. |
| (14) RICHARD O. DONEGAN TRUSTEE | 5.00 | X | | | | | | 0. | 0. | 0. |
| (15) ROBERT ESSNER TRUSTEE | 5.00 | X | | | | | | 0. | 0. | 0. |
| (16) RONALD A. JOHNSON TRUSTEE | 5.00 | X | | | | | | 0. | 0. | 0. |
| (17) RONALD CIARAVELLA TRUSTEE | 5.00 | 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) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) SUSAN C. GILMORE TRUSTEE | 5.00 | X | | | | | | 0. | 0. | 0. |
| (19) SYLVIA EARLE PH.D. TRUSTEE | 5.00 | X | | | | | | 0. | 0. | 0. |
| (20) KIRK MALCOLM TRUSTEE | 5.00 | X | | | | | | 0. | 0. | 0. |
| (21) ROBERT CARTER CHAIRMAN EMERITUS | 5.00 | X | | | | | | 0. | 0. | 0. |
| (22) JEANIE STEVENSON TREASURER | 5.00 | X | | | | | | 0. | 0. | 0. |
| (23) GENE BECKSTEIN CHAIRMAN | 5.00 | X | X | | | | | 0. | 0. | 0. |
| (24) G. LOWE MORRISON VICE CHAIRMAN | 5.00 | X | X | | | | | 0. | 0. | 0. |
| (25) LT GEN HOWARD G. CROWELL, JR TREASURER | 5.00 | X | X | | | | | 0. | 0. | 0. |
| (26) MICKEY CALLANEN SECRETARY | 5.00 | X | X | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 1,196,657. | 0. | 184,988. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,196,657. | 0. | 184,988. |

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 15

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | 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? If "Yes," complete Schedule J for such individual | 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? If "Yes," complete Schedule J for such person | | 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 |
|--|--------------------------------|---------------------|
| SARASOTA BAY EXPLORERS 1923 LINCOLN DRIVE, SARASOTA, FL 34236 | ECO-TOURISM BOAT TOURS | 585,205. |
| MANCINI DINERS 4411 BEAUCHAMP COURT, SARASOTA, FL 34243 | DINER AT MOTE AQUARIUM | 363,491. |
| THE ONE TO ONE GROUP 7324 DELAINEY COURT, SARASOTA, FL 34240 | MARKETING SERVICES | 176,087. |
| JANI-KING OF TAMPA BAY 118 COLLEGE DRIVE, HATTIESBURG, MS 39406 | JANITORIAL SERVICE | 133,687. |
| CHANGING OUR WORLD 220 EAST 42ND STREET, NEW YORK, NY 10014 | CAMPAIGN CONSULTANT | 106,946. |

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 5

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--|--|---------------------------|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | | | | |
| | b | Membership dues | | | | |
| | c | Fundraising events | 138,015. | | | |
| | d | Related organizations | 1,800,701. | | | |
| | e | Government grants (contributions) | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 2,278,288. | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | 222,725. | | | |
| | h | Total. Add lines 1a-1f | | 4,217,004. | | |
| | Program Service Revenue | 2 a | RESEARCH | Business Code 541700 | 8,395,217. | 8,395,217. |
| b | | AQUARIUM | 713990 | 3,533,597. | 3,533,597. | |
| c | | PROTECT OUR REEFS - LICENSE PLATE | 900099 | 943,901. | 943,901. | |
| d | | MEMBERSHIPS | 900099 | 901,028. | 901,028. | |
| e | | EDUCATION AND DISTANCE LEARNING | 611710 | 668,450. | 668,450. | |
| f | | All other program service revenue | 900099 | 472,044. | 472,044. | |
| g | | Total. Add lines 2a-2f | | 14,914,237. | | |
| 3 | | Investment income (including dividends, interest, and other similar amounts) | | 42,874. | | 42,874. |
| 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| 5 | Royalties | | | | | |
| Other Revenue | 6 a | Gross rents | (i) Real (ii) Personal | | | |
| | b | Less: rental expenses | | | | |
| | c | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | |
| | b | Less: cost or other basis and sales expenses | | | | |
| | c | Gain or (loss) | | | | |
| | d | Net gain or (loss) | | -6,158. | | -6,158. |
| | 8 a | Gross income from fundraising events (not including \$ 138,015. of contributions reported on line 1c). See Part IV, line 18 | a | 91,683. | | |
| | b | Less: direct expenses | b | 139,517. | | |
| | c | Net income or (loss) from fundraising events | | -47,834. | | -47,834. |
| | 9 a | Gross income from gaming activities. See Part IV, line 19 | a | | | |
| | b | Less: direct expenses | b | | | |
| | c | Net income or (loss) from gaming activities | | | | |
| | 10 a | Gross sales of inventory, less returns and allowances | a | 1,117,433. | | |
| | b | Less: cost of goods sold | b | 580,622. | | |
| | c | Net income or (loss) from sales of inventory | | 536,811. | | 536,811. |
| Miscellaneous Revenue | | | Business Code | | | |
| 11 a | BP SETTLEMENT | 900099 | 1,625,960. | | 1,625,960. | |
| b | | | | | | |
| c | | | | | | |
| d | All other revenue | | | | | |
| e | Total. Add lines 11a-11d | | 1,625,960. | | | |
| 12 | Total revenue. See instructions. | | 21,282,894. | 14,914,237. | 0. | 2,151,653. |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 151,433. | 151,433. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 145,950. | 145,950. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 688,710. | 385,109. | 261,239. | 42,362. |
| 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 | 8,286,343. | 6,580,536. | 1,164,231. | 541,576. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 415,711. | 356,689. | 21,963. | 37,059. |
| 9 Other employee benefits | 631,414. | 495,094. | 84,882. | 51,438. |
| 10 Payroll taxes | 556,224. | 428,292. | 83,434. | 44,498. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 15,728. | 14,001. | 119. | 1,608. |
| c Accounting | 39,750. | | 39,750. | |
| d Lobbying | 133,687. | | | 133,687. |
| 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.) | 1,168,163. | 919,472. | 106,269. | 142,422. |
| 12 Advertising and promotion | 272,462. | 229,665. | 2,998. | 39,799. |
| 13 Office expenses | 716,253. | 500,828. | 102,867. | 112,558. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 726,799. | 482,586. | 239,889. | 4,324. |
| 17 Travel | 558,270. | 537,262. | 5,927. | 15,081. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 163,009. | 155,612. | 1,253. | 6,144. |
| 20 Interest | 216,934. | 158,605. | 58,329. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 2,370,001. | 749,502. | 1,620,499. | |
| 23 Insurance | 524,694. | 253,040. | 260,933. | 10,721. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a EQUIPMENT RENTAL & MAIN | 1,191,296. | 806,685. | 377,815. | 6,796. |
| b SUPPLIES | 642,100. | 636,290. | 5,654. | 156. |
| c INTERNAL RENTALS | 0. | 239,403. | -248,373. | 8,970. |
| d OVERHEAD ALLOCATION | 0. | 2,416,270. | -2,416,270. | |
| e All other expenses | 250,528. | 144,878. | 48,596. | 57,054. |
| 25 Total functional expenses. Add lines 1 through 24e | 19,865,459. | 16,787,202. | 1,822,004. | 1,256,253. |
| 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 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 | 509,664. | 1 | 1,482,022. |
| | 2 | Savings and temporary cash investments | 2,084,095. | 2 | 2,553,714. |
| | 3 | Pledges and grants receivable, net | 1,479,198. | 3 | 1,626,461. |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instr). Complete Part II of Sch L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | 220,415. | 8 | 182,840. |
| | 9 | Prepaid expenses and deferred charges | 103,854. | 9 | 162,290. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 57,347,285. | | |
| | b | Less: accumulated depreciation | 10b 33,592,368. | 10c | 23,754,917. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | 1,708,794. | 12 | 1,283,069. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 15,380,310. | 15 | 17,639,787. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 46,987,486. | 16 | 48,685,100. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 1,542,496. | 17 | 1,292,424. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 3,898,634. | 19 | 4,457,284. |
| | 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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 9,926,150. | 23 | 8,387,331. |
| | 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 | 15,367,280. | 26 | 14,137,039. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 16,908,947. | 27 | 17,649,301. |
| | 28 | Temporarily restricted net assets | 5,970,841. | 28 | 7,341,290. |
| | 29 | Permanently restricted net assets | 8,740,418. | 29 | 9,557,470. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 31,620,206. | 33 | 34,548,061. | |
| 34 | Total liabilities and net assets/fund balances | 46,987,486. | 34 | 48,685,100. | |

Form 990 (2013)

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 | 21,282,894. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 19,865,459. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,417,435. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 31,620,206. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,649. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 1,508,771. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 34,548,061. |

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 in 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 |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | X | |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | X | |

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

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

Name of the organization: **MOTE MARINE LABORATORY, INC.**
Employer identification number: **59-0756643**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

| | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? | | |
| (ii) A family member of a person described in (i) above? | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | | |
- h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2,362,824. | 2,613,531. | 2,729,063. | 3,007,908. | 4,217,004. | 14,930,330. |
| 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 | 2,362,824. | 2,613,531. | 2,729,063. | 3,007,908. | 4,217,004. | 14,930,330. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 1,657,249. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 13,273,081. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 2,362,824. | 2,613,531. | 2,729,063. | 3,007,908. | 4,217,004. | 14,930,330. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 24,647. | 19,662. | 24,641. | 38,376. | 42,874. | 150,200. |
| 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 IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 15,080,530. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 79,193,513. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|--|----|-------|---|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 88.01 | % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 79.80 | % |
| 16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | | |
| b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <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"/> | | | |

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2013

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

59-0756643

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

| | |
|---|---|
| Name of organization MOTE MARINE LABORATORY, INC. | Employer identification number 59-0756643 |
|---|---|

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 | I _____ _____ _____ | \$ 150,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | _____ | \$ 103,070. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | _____ | \$ 282,800. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | _____ | \$ 103,150. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | _____ | \$ 146,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | _____ | \$ 183,040. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization MOTE MARINE LABORATORY, INC. | Employer identification number 59-0756643 |
|---|---|

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 | | \$ 100,425. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | | \$ 95,365. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | N | \$ 100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

MOTE MARINE LABORATORY, INC.

59-0756643

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 |
|------------------------------|---|--|----------------------|
| 2 | FURNITURE & FIXTURES/BOCA OFFICE BUILD-OUT | \$ 75,930. | 11/11/13 |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Name of organization **MOTE MARINE LABORATORY, INC.** Employer identification number **59-0756643**

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part II, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information 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 | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **MOTE MARINE LABORATORY, INC.** Employer identification number **59-0756643**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures \$ _____
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|--|---|
| | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

LHA

332041
11-08-13

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 133,687. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 133,687. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 19,731,772. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 19,865,459. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | 0. | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | | |
|--|--|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total | |
| 2a | Lobbying nontaxable amount | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000. |
| c | Total lobbying expenditures | 105,447. | 109,422. | 110,967. | 133,687. | 459,523. |
| d | Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| f | Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2013

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|---|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|--|----|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

59-0756643

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|--|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

| | Amount |
|---------------------------------|--------|
| 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? Yes No

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 615,933. | 614,327. | 614,696. | 613,070. | 610,362. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | -4,109. | 6,395. | 5,879. | 10,630. | 5,794. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 6,216. | 4,789. | 6,248. | 9,004. | 3,086. |
| f Administrative expenses | | | | | |
| g End of year balance | 618,040. | 615,933. | 614,327. | 614,696. | 613,070. |

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 99.03 %
- c Temporarily restricted endowment .97 %

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

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

| | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|--------------------|
| 1a Land | | 7,498,190. | | 7,498,190. |
| b Buildings | | 34,501,640. | 19,877,623. | 14,624,017. |
| c Leasehold improvements | | | | |
| d Equipment | | 13,054,455. | 11,848,396. | 1,206,059. |
| e Other | | 2,293,000. | 1,866,349. | 426,651. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 23,754,917. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) BENEFICIAL INTEREST IN MOTE MARINE FOUNDATION, INC. | 15,694,854. |
| (2) DUE FROM MOTE MARINE FOUNDATION | 8,964. |
| (3) DONATED ASSETS HELD FOR SALE | 88,650. |
| (4) DUE FROM MESI | 1,703,340. |
| (5) PATENTS | 87,279. |
| (6) BENEFICIAL INTEREST IN LIFE ESTATE | 56,700. |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

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

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

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

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

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

| | | | |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 23,539,569. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 1,649. |
| b | Donated services and use of facilities | 2b | 26,118. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 1,508,769. |
| e | Add lines 2a through 2d | 2e | 1,536,536. |
| 3 | Subtract line 2e from line 1 | 3 | 22,003,033. |
| 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 | -720,139. |
| c | Add lines 4a and 4b | 4c | -720,139. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 21,282,894. |

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

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

| | | | |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 20,611,714. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 26,118. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 720,139. |
| e | Add lines 2a through 2d | 2e | 746,257. |
| 3 | Subtract line 2e from line 1 | 3 | 19,865,457. |
| 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 | 2. |
| c | Add lines 4a and 4b | 4c | 2. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 19,865,459. |

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 V, LINE 4:

ALL ENDOWMENT FUNDS ARE HELD IN PERPETUITY WITH THE INCOME
 USED AS FOLLOWS 1-THE CULTURAL ENDOWMENT FUND INCOME IS USED TO SUPPORT
 OPERATIONS FOR THE AQUARIUM 2- THE KEYS ADVISORY BOARD ENDOWMENT FUND
 INCOME IS USED TO SUPPORT PROGRAM ACTIVITIES AT THE KEYS FACILITY.

PART X, LINE 2:

UNDER THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS
 CODIFICATION, THE LABORATORY HAS REVIEWED AND EVALUATED THE RELEVANT
 TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH
 ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA
 FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE

Part XIII Supplemental Information (continued)

ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS OF THE LABORATORY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|------------|
| EQUITY EARNINGS IN SUBSIDIARY INCOME | -425,725. |
| CHANGE IN NET ASSETS OF MOTE MARINE FOUNDATION, INC. | 1,934,494. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 1,508,769. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--|-----------|
| COST OF GOODS SOLD NETTED WITH SALES INCLUDED IN PART VIII | |
| FORM 990 | -580,622. |
| SPECIAL EVENTS EXPENSES INCLUDED IN PART VIII FORM 990 | -139,517. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | -720,139. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|--|----------|
| COST OF GOODS SOLD NETTED WITH SALES INCLUDED IN PART VIII | |
| FORM 990 | 580,622. |
| SPECIAL EVENTS EXPENSES INCLUDED IN PART VIII FORM 990 | 139,517. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 720,139. |

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|----------|----|
| ROUNDING | 2. |
|----------|----|

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|----|--|----------------------|------------------|--|----------|
| | | OCEANIC EVENING | PARTY ON THE PASS | 1 | | |
| | | (event type) | (event type) | (total number) | | |
| Revenue | 1 | Gross receipts | 142,450. | 56,990. | 30,258. | 229,698. |
| | 2 | Less: Contributions | 91,650. | 39,890. | 6,475. | 138,015. |
| | 3 | Gross income (line 1 minus line 2) | 50,800. | 17,100. | 23,783. | 91,683. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | 79,077. | 10,688. | 110. | 89,875. |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 17,955. | 15,667. | 16,020. | 49,642. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 139,517. |
| | 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -47,834. |

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number
59-0756643

Part I General Information on Grants and Assistance

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

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SMITHSONIAN INSTITUTION PO BOX 37012, MRC 1205 WASHINGTON, DC 20013 | 53-0206027 | 501(C)(3) | 34,657. | 0. | | | PROTECT OUR REEFS GRANT |
| UNIVERSITY OF FLORIDA PO BOX 103610 GAINESVILLE, FL 32610 | 59-6002052 | THE STATE OF FLORIDA | 24,537. | 0. | | | PROTECT OUR REEFS GRANT |
| UNIVERSITY OF MIAMI 4600 RICKENBACKER CAUSEWAY MIAMI, FL 33149 | 59-0624458 | 501(C)(3) | 28,950. | 0. | | | PROTECT OUR REEFS GRANT |
| MARINE RESOURCES DEVELOPMENT PO BOX 787 KEY LARGO, FL 33037 | 67-0258256 | 501(C)(3) | 5,225. | 0. | | | PROTECT OUR REEFS GRANT |
| NOVA UNIVERSITY 3301 COLLEGE AVENUE FT. LAUDERDALE, FL 33314 | 59-1083502 | 501(C)(3) | 2,906. | 0. | | | PROTECT OUR REEFS GRANT |
| UNIVERSITY OF NORTH FLORIDA 1 UNF DRIVE JACKSONVILLE, FL 32224 | 59-2976169 | THE STATE OF FLORIDA | 23,236. | 0. | | | PROTECT OUR REEFS GRANT |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 9
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| FLORIDA INSTITUTE OF TECHNOLOGY 150 W UNIVERSITY BLVD MELBOURNE, FL 32901 | 59-6046500 | 501(C)(3) | 18,000. | 0. | | | PROTECT OUR REEFS GRANT |
| REEF PO BOX 246 KEY LARGO, FL 33037 | 65-0270064 | 501(C)(3) | 6,422. | 0. | | | PROTECT OUR REEFS GRANT |
| ECKERD COLLEGE 4200 54TH AVENUE SOUTH ST PETERSBURG, FL 33711 | 59-0859121 | 501(C)(3) | 7,500. | 0. | | | PROTECT OUR REEFS GRANT |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SCHOLARSHIPS | 49 | 69,850. | 0. | | |
| STIPENDS | 19 | 76,100. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:
 GRANTS ARE AWARDED TO ELIGIBLE ORGANIZATIONS THROUGH MOTE MARINE LABORATORY'S PROTECT OUR REEFS PROGRAM USING FUNDS COLLECTED FROM REEF LICENSE PLATE SALES. THE FINAL DECISION AS TO WHICH PROPOSALS WILL BE FUNDED AND UNDER WHAT CONDITIONS WILL BE MADE BY MICHAEL CROSBY, PH.D., THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF MOTE. TO ASSIST HIM, DR. CROSBY HAS ASSEMBLED A GRANTS ADVISORY COMMITTEE OF EIGHT INDIVIDUALS WITH BROAD AND DIVERSE BACKGROUNDS IN CORAL REEF RESEARCH, EDUCATION, CONSERVATION AND MANAGEMENT. THE COMMITTEE EVALUATES AND RANKS EACH OF THE PROPOSALS

Part IV Supplemental Information

SUBMITTED. OUTSIDE EXPERTS ARE ALSO CONSULTED TO PEER REVIEW THE PROPOSALS AS NECESSARY. THE COMMITTEE MAKES RECOMMENDATIONS TO DR. CROSBY AS TO WHICH PROPOSALS SHOULD BE SELECTED AND IN WHAT AMOUNTS.

A LIMITED NUMBER OF SCHOLARSHIP GRANTS ARE AWARDED TO INDIVIDUALS EACH YEAR. THE SCHOLARSHIP AWARD RANGES FROM \$500 TO \$2,000 FOR A TWO TO THREE MONTH INTERNSHIP. A SCHOLARSHIP COMMITTEE AWARDS SCHOLARSHIPS BASED ON PROGRAM NEED AND STUDENT'S FINANCIAL NEED, ACADEMIC MERIT AND RECOMMENDATIONS.

Multiple horizontal lines for supplemental 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. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

59-0756643

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 in 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 (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" 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 in 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) and 501(c)(4) organizations must complete lines 5-9.

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

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

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

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

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

| | Yes | No |
|----|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) KUMAR MAHADEVAN, PH. D PRESIDENT 1/1/13 - 05/16/13 | (i) | 221,946. | 0. | 2,571. | 23,000. | 12,231. | 259,748. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) MICHAEL P. CROSBY PH.D PRESIDENT/CEO 5/16/13 - PRESENT | (i) | 217,811. | 0. | 0. | 12,110. | 13,164. | 243,085. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JOHN REYNOLDS III, PH.D SR SCIENTIST | (i) | 127,530. | 0. | 0. | 15,098. | 12,202. | 154,830. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) ROBERT HUETER PH.D SR SCIENTIST | (i) | 124,906. | 0. | 0. | 14,900. | 13,402. | 153,208. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) THOMAS WATERS CHIEF ADVANCEMENT OFFICER | (i) | 138,418. | 0. | 0. | 7,385. | 5,755. | 151,558. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

59-0756643

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1a | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | X | 2 | 18,517. | FAIR MARKET VALUE |
| 7 Boats and planes | X | 14 | 78,150. | FAIR MARKET VALUE |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 1 | 7,759. | FAIR MARKET VALUE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (<u>EQUIPMENT</u>) | X | 8 | 118,299. | FAIR MARKET VALUE |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

| | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2013

Open to Public
Inspection

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

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number
59-0756643

FORM 990, PART I, LINE 6 VOLUNTEERS

VOLUNTEERS WORKED IN MANY PROGRAM AREAS INCLUDING IN THE
AQUARIUM, ANIMAL CARE, THE SEA TURTLE PROGRAM, HIGH SCHOOL AND COLLEGE
INTERNS, ADVISORY BOARD, BOARD OF TRUSTEES, COMMUNITY SERVICE AND
RESEARCH.

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

RESEARCH

MOTE IS AN INDEPENDENT, NONPROFIT 501(C)3 MARINE RESEARCH ORGANIZATION
WITH MULTIPLE FACILITIES IN FLORIDA AND 22 RESEARCH PROGRAMS CONDUCTING
WORLD-CLASS SCIENCE ON SIX OF THE WORLD'S SEVEN CONTINENTS. MOTE HAS
BEEN COMMITTED TO OCEAN SCIENCES SINCE THE LAB WAS FOUNDED IN 1955 BY
DR. EUGENIE CLARK. WE REMAIN ONE OF THE FEW INDEPENDENT MARINE LABS IN
THE WORLD, AND AS SUCH WE NURTURE THE INNOVATION AND FLEXIBILITY NEEDED
TO ADDRESS THE MOST PRESSING OCEAN ISSUES OF OUR TIME.

MOTE'S MISSION IS TO ADVANCE MARINE AND ENVIRONMENTAL SCIENCE THROUGH
RESEARCH, EDUCATION AND PUBLIC OUTREACH LEADING TO NEW DISCOVERIES,
REVITALIZATION AND SUSTAINABILITY OF EARTH'S OCEAN RESOURCES AND TO A
GREATER PUBLIC UNDERSTANDING OF OUR MARINE ECOSYSTEMS.

MOTE IS FIRST AND FOREMOST A GLOBAL LEADER IN DIVERSE FIELDS OF MARINE
RESEARCH RELEVANT TO CONSERVATION AND SUSTAINABLE USE OF MARINE
BIODIVERSITY, HEALTHY HABITATS AND NATURAL RESOURCES.

MOTE IS ALSO UNIQUE AS ONE OF THE FEW INDEPENDENT SCIENTIFIC

Name of the organization

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ORGANIZATIONS IN THE WORLD THAT COMBINES MARINE RESEARCH WITH PUBLIC OUTREACH FEATURING A MAJOR AQUARIUM, ALONG WITH FORMAL AND INFORMAL EDUCATION PROGRAMS. OUR VISION INCLUDES POSITIVELY IMPACTING PUBLIC POLICY BY BUILDING A MORE OCEAN-LITERATE SOCIETY. (VIEW MOTE'S 2020 VISION & STRATEGIC PLAN AT WWW.MOTE.ORG/ABOUTUS.)

IN THE BEGINNING, MOTE'S EARLY STUDIES FOCUSED MAINLY ON SHARKS AND UNDERSTANDING THEIR BASIC BIOLOGY. THOSE EARLY RESEARCH FINDINGS LED THE WAY FOR THOUSANDS OF STUDIES THAT TODAY PROVIDE VITAL INFORMATION FOR RESOURCE MANAGERS AND THE PUBLIC.

OVER MORE THAN FIVE DECADES, MOTE HAS GROWN FROM A TINY SHED IN PLACIDA WHERE THE LEGENDARY SCIENTIST DR. EUGENIE CLARK - THE SHARK LADY - BEGAN THE OPERATION, TO A 10.5-ACRE CAMPUS ON SARASOTA BAY IN SARASOTA, FLA., WITH FIELD STATIONS IN SUMMERLAND KEY IN THE FLORIDA KEYS AND PINE ISLAND IN CHARLOTTE HARBOR, A 200-ACRE STATE-OF-THE-ART MOTE AQUACULTURE PARK IN EASTERN SARASOTA COUNTY, PUBLIC OUTREACH EDUCATION PROGRAMS IN PUNTA GORDA AND BOCA GRANDE AND A PUBLIC CORAL REEF EXHIBIT IN KEY WEST. TODAY, MOTE HAS A STAFF OF MORE THAN 190 WITH MORE THAN 30 DOCTORAL-LEVEL SCIENTISTS AND 1,685 VOLUNTEERS.

THROUGH OUR HISTORY, MOTE SCIENTISTS HAVE PUBLISHED THOUSANDS OF MOTE TECHNICAL REPORTS AND PAPERS IN SCIENTIFIC JOURNALS, INCLUDING WORK THAT HAS ADVANCED THE FIELDS OF SHARK BEHAVIOR AND BIOLOGY, OCEAN OBSERVING SYSTEMS, HARMFUL ALGAL BLOOM DYNAMICS, CORAL REEF RESEARCH, MARINE MAMMAL AND SEA TURTLE BIOLOGY AND POPULATION DYNAMICS, AQUACULTURE SYSTEMS RESEARCH AND DEVELOPMENT AND NUMEROUS OTHER AREAS OF FOCUS. MOTE IS CURRENTLY HOME TO THE NATIONAL CENTER FOR SHARK RESEARCH, THE ONLY SUCH CENTER IN THE U.S, TO RECEIVE A CONGRESSIONAL DESIGNATION. (OUR WORKS ARE GATHERED IN DSPACE, AN OPEN ACCESS REPOSITORY LOCATED AT [HTTPS://DSPACE.MOTE.ORG/DSPACE](https://dSPACE.MOTE.ORG/DSPACE). OUR SCIENTIFIC

Name of the organization

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HOLDINGS ALSO INCLUDE SEVERAL SPECIAL COLLECTIONS, INCLUDING WORKS BY
BREDER, GILBERT AND CLARK.)

TODAY MOTE STUDIES A WIDE RANGE OF SCIENTIFIC DISCIPLINES. RESEARCH
PROGRAMS INCLUDE STUDIES OF HUMAN CANCER USING MARINE MODELS AND THE
EFFECTS OF MAN-MADE AND NATURAL TOXINS ON HUMANS AND ON THE
ENVIRONMENT. MOTE STUDIES THE HEALTH OF WILD FISHERIES, DEVELOPS
SUSTAINABLE AND SUCCESSFUL FISH RESTOCKING TECHNIQUES AND FOOD
PRODUCTION TECHNOLOGIES AND ENGINEERS NEW TOOLS TO HELP US BETTER
UNDERSTAND THE HEALTH OF THE ENVIRONMENT. MOTE RESEARCH PROGRAMS ALSO
FOCUS ON UNDERSTANDING THE POPULATION DYNAMICS OF MANATEES, DOLPHINS,
SEA TURTLES, SHARKS AND CORAL REEFS AND ON CONSERVATION AND RESTORATION
EFFORTS RELATED TO THESE SPECIES AND ECOSYSTEMS. (FOR A FULL AND
CURRENT LISTING OF MOTE MARINE LABORATORY'S RESEARCH PROGRAMS AND
INITIATIVES, PLEASE VISIT WWW.MOTE.ORG.)

HERE ARE SOME OF THE HIGHLIGHTS FROM 2013:

THE EFFECTS OF OIL ON CORAL

LARVAL CORALS OF AT LEAST SOME SPECIES ARE VULNERABLE TO DEEPWATER
HORIZON OIL AND ARE ESPECIALLY LIKELY TO DIE WHEN EXPOSED TO
DISPERSANTS USED DURING A SPILL, ACCORDING TO A LAB-BASED STUDY BY MOTE
MARINE LABORATORY SCIENTISTS THAT WAS PUBLISHED ONLINE JAN. 9 IN THE
PEER-REVIEWED JOURNAL PLOS ONE. THIS STUDY INVOLVED THE FIRST
CONTROLLED TEST OF HOW DEEPWATER HORIZON OIL AND THE DISPERSANT COREXIT
9500 AFFECT CORAL LARVAE - DRIFTING OFFSPRING OF CORALS THAT MUST
SETTLE AND GROW TO MAINTAIN AND EXPAND REEFS. WHILE THE STUDY FOCUSED
ON TWO CORAL SPECIES FROM THE FLORIDA KEYS - AN AREA NOT DIRECTLY
IMPACTED BY THE SPILL - THE RESULTS HIGHLIGHT CONCERNS ABOUT CORALS
NEARER TO THE SPILL SITE AND PROVIDE NEW INSIGHTS FOR MITIGATING OIL

Name of the organization

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59-0756643

SPILLS NEAR REEFS.

SCIENTISTS CALL FOR SOCIETY TO CHANGE THE WAY WE REFER TO SHARK
BEHAVIOR

RESEARCHERS FROM THE UNIVERSITY OF SYDNEY, AUSTRALIA, AND MOTE MARINE
LABORATORY REPORTED THAT USING THE TERM "SHARK ATTACK" LEADS TO
MISPERCEPTIONS AND INACCURATE RISK REPORTING. THE TERM "SHARK ATTACK"
IS TYPICALLY USED BY THE MEDIA, GOVERNMENT OFFICIALS, RESEARCHERS AND
THE PUBLIC TO DESCRIBE ALMOST ANY KIND OF HUMAN-SHARK INTERACTION -
EVEN THOSE WHERE NO CONTACT OR INJURY OCCURS BETWEEN HUMANS AND SHARKS.

IN A PAPER IN THE JOURNAL OF ENVIRONMENTAL STUDIES AND SCIENCES,
CHRISTOPHER NEFF OF THE UNIVERSITY OF SYDNEY AND DR. ROBERT HUETER,
LEADER OF MOTE'S CENTER FOR SHARK RESEARCH PROPOSED A NEW SYSTEM OF
CLASSIFICATION TO SUPPORT MORE ACCURATE SCIENTIFIC REPORTING ABOUT
SHARK INTERACTIONS, ALONG WITH MORE ACCURATE PUBLIC DISCUSSION ABOUT
SHARK RISK TO SWIMMERS AND DIVERS.

NEW INTERNATIONAL MARINE CONSERVATION CONSORTIUM WITH U.S. AND
INTERNATIONAL PARTNERS

A NEW COALITION OF AQUARIUMS, ZOOS AND GOVERNMENTAL AND
NON-GOVERNMENTAL ORGANIZATIONS HOSTED AT MOTE MARINE LABORATORY AND
AQUARIUM DEBUTED IN FEBRUARY, WITH THE GOAL OF ADDRESSING CRITICAL
NEEDS FOR CONSERVATION OF MARINE MAMMALS, SEA TURTLES, SEA BIRDS AND
OTHER SPECIES WORLDWIDE THAT HAVE BEEN UNDERSERVED BY SCIENCE-BASED
INITIATIVES.

THE NEW INTERNATIONAL CONSORTIUM FOR MARINE CONSERVATION WAS ANNOUNCED
BY ITS DIRECTOR, DR. JOHN REYNOLDS OF MOTE, DURING THE SECOND SIGNATORY

332212
09-04-13

Name of the organization

MOTE MARINE LABORATORY, INC.

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59-0756643

STATE MEETING OF THE DUGONG MOU OF THE CONVENTION OF MIGRATORY SPECIES
OF THE UNITED NATIONS ENVIRONMENT PROGRAMME IN MANILA, PHILIPPINES.

PARTICIPANTS IN THE NEW INTERNATIONAL CONSORTIUM SAY THE NEED FOR
WIDE-REACHING CONSERVATION CANNOT BE OVERSTATED:

OF THE 63,837 SPECIES WORLDWIDE THAT HAVE UNDERGONE POPULATION
ASSESSMENTS, 19,817 - A STARTLING ONE OUT OF THREE - ARE THREATENED
WITH EXTINCTION, ACCORDING TO A 2012 REPORT FROM THE IUCN RED LIST. BUT
IN REALITY, THOSE FIGURES DON'T ACCOUNT FOR THREATS TO SPECIES THAT
HAVE NEVER BEEN STUDIED; NOR DO THEY ADDRESS THREATS TO HUMAN
POPULATIONS THAT OCCUR WHEN SPECIES DISAPPEAR.

MOTE RESEARCHERS PUT THE DEEPWATER HORIZON DISASTER UNDER THE
MICROSCOPE

RESEARCHERS IN MOTE'S ENVIRONMENTAL LABORATORY OF FORENSICS HAVE BEEN
STUDYING THE IMPACTS OF THE APRIL 2010 DEEPWATER HORIZON OIL SPILL
SINCE IT OCCURRED. THROUGH THEIR ONGOING EFFORTS, THEY ARE WORKING TO
UNCOVER ITS POSSIBLE LINGERING EFFECTS ON MARINE ECOSYSTEMS, AND IN THE
PROCESS, DEVELOPING NEW LAB TESTS THAT COULD BENEFIT RESEARCH ON FISH
HEALTH FOR YEARS TO COME.

MOTE IS CARRYING OUT THIS WORK AS A PARTNER IN C-IMAGE (CENTER FOR
INTEGRATED MODELING AND ANALYSIS OF THE GULF ECOSYSTEM), A
13-INSTITUTION TEAM BASED AT THE UNIVERSITY OF SOUTH FLORIDA (USF)
COLLEGE OF MARINE SCIENCE THAT IS TACKLING DEEPWATER-HORIZON RESEARCH
FROM MANY ANGLES. C-IMAGE, SUPPORTED BY THE GULF OF MEXICO RESEARCH
INITIATIVE, WHICH IS FUNDED THROUGH PENALTIES LEVIED ON BP, IS STUDYING
HOW THE OIL HAS MOVED, BROKEN DOWN, AND POTENTIALLY AFFECTED GULF
ANIMALS AT ALL LEVELS OF THE FOOD WEB, FROM TINY PLANKTON TO FISH AND
MARINE MAMMALS.

332212
09-04-13

Name of the organization

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MOTE SCIENTIST APPOINTED AS AQUACULTURE EXPERT FOR GLOBAL SUSTAINABLE SEAFOOD INITIATIVE

MOTE SENIOR SCIENTIST DR. KEVAN MAIN WAS APPOINTED TO SERVE ON THE AQUACULTURE EXPERT WORKING GROUP FOR THE GLOBAL SUSTAINABLE SEAFOOD INITIATIVE IN APRIL. THIS GROUP, FUNDED BY THE GERMAN GOVERNMENT, EUROPEAN UNION AND SEAFOOD DISTRIBUTORS, IS EVALUATING SEAFOOD CERTIFICATION AND LABELING PROGRAMS FOR AQUACULTURE AND FISHERIES PRODUCTS TO PROMOTE THE SUPPLY OF SUSTAINABLE SEAFOOD FOR CONSUMERS. DR. MAIN HAS PIONEERED SUSTAINABLE AQUACULTURE AT MOTE SINCE 2001 AS MANAGER OF THE MARINE AND FRESHWATER AQUACULTURE RESEARCH PROGRAM AT MOTE AQUACULTURE PARK IN SARASOTA, FLA.

NEW PRESIDENT & CEO TAKES HELM OF MOTE MARINE LABORATORY AND AQUARIUM DR. MICHAEL P. CROSBY OFFICIALLY ASSUMED THE LEADERSHIP OF MOTE MARINE LABORATORY AND AQUARIUM ON MAY 16, 2013, FOLLOWING THE NONPROFIT ORGANIZATION'S ANNUAL BOARD MEETING. HE IS TAKING THE ROLE OF PRESIDENT AND CEO FOLLOWING THE RETIREMENT OF DR. KUMAR MAHADEVAN, WHOSE NEW POSITION WILL BE PRESIDENT EMERITUS AS HE CONTINUES TO BE AN ADVOCATE AND AMBASSADOR OF THE ORGANIZATION, ASSISTING IN PROMOTING AND DEVELOPING SUPPORT FOR MOTE'S WORLD-CLASS RESEARCH AND EDUCATION PROGRAMS. DR. MAHADEVAN LED THE ORGANIZATION FOR 27 YEARS.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

AS NEW PRESIDENT AND CEO, DR. CROSBY WILL OVERSEE THE LAB'S GROUNDBREAKING RESEARCH PROGRAMS THAT TAKE PLACE IN SOUTHWEST FLORIDA AND AROUND THE WORLD, ALONG WITH THE ORGANIZATION'S EFFORTS TO EDUCATE AND INFORM THE PUBLIC AND POLICY MAKERS ABOUT THE MARINE

Name of the organization

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ENVIRONMENT.

**JAPANESE-LED PROJECT SUSTAINING MARINE ENVIRONMENT GAINS SUPPORT AT
MOTE FORUM**

**INTERNATIONAL SCIENTISTS, FISHERIES REPRESENTATIVES AND NEARLY 100
MEMBERS OF THE LOCAL COMMUNITY GATHERED IN MAY AT MOTE MARINE
LABORATORY FOR A PUBLIC FORUM FOCUSED ON HOW COMMUNITIES AROUND THE
WORLD ARE MAKING SCIENCE-BASED CONSERVATION HAPPEN - AND THEIR
DISCUSSION BROUGHT A NEW NOTION TO TOWN: "SATO-UMI."**

**SATO-UMI - A CONCEPT THAT ORIGINATED IN JAPAN AND IS GAINING GROUND
AROUND THE WORLD - IS THE HARMONY BETWEEN HUMAN COMMUNITIES AND THE
PRODUCTIVITY AND BIODIVERSITY OF MARINE ECOSYSTEMS. THE IDEA OFFERS
MAJOR BENEFITS FOR SARASOTA BAY, FROM RESTORING DEPLETED SCALLOP
POPULATIONS TO ENHANCING HISTORIC FISHERIES OF CORTEZ, FORUM LEADERS
SAID.**

**THE FORUM WAS CONDUCTED AS PART OF A GLOBAL STUDY OF SCIENCE AND
SOCIETY LED BY JAPAN'S RESEARCH INSTITUTE FOR HUMANITY AND NATURE
(RIHN) TITLED "FORMATION OF LOCAL ENVIRONMENTAL KNOWLEDGE SYSTEMS FOR
CREATION AND SUSTAINABLE GOVERNANCE OF NEW COMMONS." THE STUDY EXAMINES
HOW GRASSROOTS GROUPS, RESEARCHERS WORKING IN THE SAME AREA,
POLICYMAKERS AND OTHERS CAN BLEND TRADITIONAL AND SCIENTIFIC KNOWLEDGE
AND TECHNIQUES TO RESTORE, CONSERVE AND SUSTAINABLY USE NATURAL
RESOURCES.**

**MOTE DECLARED CULTURAL ORGANIZATION OF THE YEAR BY SARASOTA CHAMBER
MOTE MARINE LABORATORY WAS DECLARED CULTURAL ORGANIZATION OF THE YEAR
BY THE GREATER SARASOTA CHAMBER OF COMMERCE DURING THE 23RD ANNUAL
FRANK G. BERLIN, SR. SMALL BUSINESS AWARDS, WHICH DREW 500 BUSINESS AND**

Name of the organization

MOTE MARINE LABORATORY, INC.

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59-0756643

COMMUNITY LEADERS TO CELEBRATE SMALL BUSINESS AND HONOR WINNERS IN SEVEN CATEGORIES.

COMBAT WOUNDED & INJURED VETERANS, SCUBANAUTS TEAM UP TO HELP MOTE MARINE LABORATORY RESTORE LIFE TO FLORIDA'S REEF

FLORIDA'S CORAL REEF GOT A BOOST IN JULY WHEN VOLUNTEERS FROM THE COMBAT WOUNDED VETERAN CHALLENGE AND SCUBANAUTS INTERNATIONAL ST. PETERSBURG AND TARPON SPRINGS CHAPTERS JOINED SCIENTISTS FROM MOTE MARINE LABORATORY AT WORK IN MOTE'S CORAL REEF NURSERY IN THE FLORIDA KEYS IN A STORY THAT RECEIVED NATIONAL TELEVISION COVERAGE ON THE NBC NIGHTLY NEWS AND THE TODAY SHOW.

MORE THAN SIX YEARS AGO, MOTE ESTABLISHED AN UNDERWATER CORAL NURSERY WHERE SCIENTISTS GROW FRAGMENTS OF CORAL - PARTICULARLY THE THREATENED STAGHORN CORAL (ACROPORA CERVICORNIS) - FOR REPLANTING ON DECIMATED OR DAMAGED SECTIONS OF REEF WITHIN THE FLORIDA KEYS NATIONAL MARINE SANCTUARY.

BY THE END OF THE TWO-DAY MISSION, THE SCUBANAUTS AND VETERANS HELPED TO PRODUCE SOME 2,000 CORAL FRAGMENTS, BRINGING THE NUMBER OF STAGHORN CORALS GROWING IN MOTE'S NURSERY TO ABOUT 10,000.

MOTE COLLABORATIVE STUDY REVEALS MIGRATION OF EARTH'S BIGGEST FISH THE LARGEST-EVER SCIENTIFIC STUDY OF WHALE SHARKS - THE WORLD'S BIGGEST FISH - WAS PUBLISHED IN THE JOURNAL PLOS ONE BY MOTE SCIENTISTS AND COLLABORATORS FROM MEXICO. THE NINE-YEAR STUDY REVEALS THE SHARKS' INTERNATIONAL JOURNEYS AND THEIR RELATIONSHIP TO THE LARGEST WHALE SHARK FEEDING HOTSPOT KNOWN TO SCIENCE.

MOTE CELEBRATES 10TH SUCCESSFUL YEAR OF NSF-FUNDED INTERN PROGRAM

332212
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

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IN 2013, MOTE CELEBRATED ITS TENTH SUCCESSFUL YEAR OF HOSTING THE NATIONAL SCIENCE FOUNDATION-FUNDED PROGRAM "RESEARCH EXPERIENCES FOR UNDERGRADUATES." THIS PROGRAM IS DESIGNED TO GIVE UNDERGRADUATE STUDENTS HANDS-ON EXPERIENCE IN DEVELOPING AND IMPLEMENTING A RESEARCH PROJECT THAT THEY CREATE. THE PROGRAM'S OVERALL GOAL IS TO INCREASE THE NUMBER OF PROFESSIONALS WORKING IN STEM - SCIENCE, TECHNOLOGY, ENGINEERING AND MATH - FIELDS NATIONWIDE.

MOTE WELCOMES USFSM STUDENTS TO CAMPUS

MOTE WELCOMED THE FIRST GROUP OF STUDENTS FROM THE UNIVERSITY OF SOUTH FLORIDA SARASOTA-MANATEE CAMPUS TO THE NEWLY CREATED TEACHING LABS IN OUR ANN AND ALFRED GOLDSTEIN MARINE MAMMAL RESEARCH AND REHABILITATION BUILDING THIS FALL.

THE LABS LEVERAGE THE STRENGTHS OF BOTH INSTITUTIONS IN A MARRIAGE OF ACADEMICS, RESEARCH AND BUSINESS. MOTE RESEARCHERS HOLD COURTESY FACULTY APPOINTMENTS AT USFSM, SHARING THEIR REAL-WORLD EXPERIENCE WITH STUDENTS, WHO WILL ONE DAY LEAD THE NEXT WAVE OF FLORIDA'S SCIENTISTS, ENGINEERS, TECHNICIANS AND BUSINESS VISIONARIES. THE LABS ARE THE SITE FOR ALL USFSM BIOLOGY AND CHEMISTRY CLASSES AND AN INQUIRY-BASED BACHELOR'S DEGREE PROGRAM IN BIOLOGY THAT WILL BEGIN IN 2014.

MOTE CO-HOSTS NATIONAL SYMPOSIUM ON HARMFUL ALGAE IN SARASOTA

IN OCTOBER, 215 RESEARCHERS FROM 31 STATES CONVENED IN SARASOTA FOR THE 7TH SYMPOSIUM ON HARMFUL ALGAE IN THE U.S., CO-HOSTED BY MOTE MARINE LABORATORY AND THE FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION (FWC). THIS IMPORTANT NATIONAL CONFERENCE WAS A CRITICAL VENUE FOR SCIENTISTS, RESOURCE MANAGERS AND PUBLIC HEALTH EXPERTS TO COME TOGETHER TO SHARE THEIR LATEST RESULTS ACROSS RESEARCH SPECIALTIES,

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EXPLORE TRENDS AND IDENTIFY NEW AREAS OF RESEARCH NEEDS.

DR. BARBARA KIRKPATRICK, MANAGER OF MOTE'S ENVIRONMENTAL HEALTH PROGRAM CHAIRED THE SYMPOSIUM WITH LEANNE FLEWELLING, RESEARCH ADMINISTRATOR AT FWC. THE SYMPOSIUM WAS A CROSS-DISCIPLINARY MEETING THAT ENCOURAGED THE EXCHANGE OF IDEAS ACROSS SPECIALTY AND ADDRESSED KEY AREAS RELATED TO HARMFUL ALGAL BLOOMS, INCLUDING:

-BLOOM ECOLOGY AND TOXICITY

-PREVENTION, CONTROL AND MITIGATION

-MONITORING AND MANAGEMENT

-FORECASTING

-IMPACTS ON HUMANS, INCLUDING HEALTH AND FISHERIES

MOTE-ISRAELI WORKSHOP ADVANCES STUDY OF OCEAN ACIDIFICATION, CLIMATE CHANGE AND CORAL REEFS

RESEARCH ON OCEAN ACIDIFICATION AND CLIMATE CHANGE - MAJOR THREATS TO CORAL REEFS - TOOK A LEAP FORWARD DURING AN INTERNATIONAL WORKSHOP IN ISRAEL, WHERE SCIENTISTS AND STUDENTS FROM SIX NATIONS EXCHANGED KNOWLEDGE AND PARTNERED FOR A MARATHON OF INTENSIVE, NOVEL STUDIES.

THE 1ST INTERNATIONAL WORKSHOP ON IMPACTS OF OCEAN ACIDIFICATION AND CLIMATE CHANGE ON CORALS AND CORAL REEFS WAS CO-HOSTED BY MOTE MARINE LABORATORY AND THE INTERUNIVERSITY INSTITUTE FOR MARINE SCIENCES (IUI) IN EILAT, ISRAEL, TOOK PLACE IN EILAT. THE EVENT BROUGHT TOGETHER PARTICIPANTS FROM THE GERMANY, ISRAEL, ITALY, THE NETHERLANDS, THE U.K. AND THE U.S.

PARTICIPANTS CONDUCTED LAB AND FIELD EXPERIMENTS WITH CORALS AND ASSOCIATED LIFE FORMS FROM THE RED SEA TO STUDY HOW OCEAN ACIDIFICATION AND CLIMATE CHANGE MIGHT AFFECT CORALS AND CORAL REEF COMMUNITIES.

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

AQUARIUM

THE AQUARIUM AT MOTE MARINE LABORATORY IS THE MAIN VENUE THROUGH WHICH MOTE MARINE LABORATORY COMMUNICATES ITS CUTTING-EDGE RESEARCH FINDINGS. LOCATED ON MOTE MARINE LABORATORY'S MAIN CAMPUS IN SARASOTA, FLA, THE AQUARIUM HAS PLAYED A KEY ROLE IN MOTE'S OUTREACH EFFORTS SINCE 1980 BY PRESENTING EXHIBITS AND PROGRAMS THAT REFLECT ONGOING RESEARCH IN THE LABORATORY AND THAT STIMULATE CURIOSITY, DISCOVERY, EXPLORATION AND STEWARDSHIP OF AQUATIC ENVIRONMENTS.

IN 2013, 345,034 GUESTS VISITED THE AQUARIUM, WITH OUR TRAVELING EXHIBIT (MOTE MOBILE) REACHING MORE THAN 300,000 PEOPLE THROUGHOUT FLORIDA.

MOTE AQUARIUM DISPLAYS MORE THAN 100 MARINE SPECIES, INCLUDING SHARKS, FISH OF ALL SHAPES AND SIZES, MOLLUSKS, CRUSTACEANS AND MORE. AQUARIUM EXHIBITS RANGE FROM SMALL DISPLAYS TO LARGE EXHIBITS SUCH AS OUR 135,000-GALLON SHARK HABITAT. TOUCH POOLS ALLOW VISITORS TO SAFELY TOUCH SEA URCHINS, HORSESHOE CRABS, HERMIT CRABS, STINGRAYS AND OTHER SPECIES. GUESTS CAN ENJOY EDUCATIONAL AND INTERACTIVE EXHIBITS ENRICHED BY TRAINED VOLUNTEER DOCENTS THROUGHOUT THE AQUARIUM WHO ASSIST VISITORS AND ANSWER QUESTIONS. SPECIAL ATTRACTIONS INCLUDE NARRATED TRAINING SESSIONS WITH MOTE'S LARGE SHARKS, SEA TURTLES AND MANATEES AND A SEAHORSE CONSERVATION LABORATORY THAT BREEDS AND RAISES SEAHORSES THAT ARE DISPLAYED AT MOTE AND TOP ZOOS AND AQUARIUMS NATIONWIDE.

MOTE'S ANN AND ALFRED GOLDSTEIN MARINE MAMMAL RESEARCH AND REHABILITATION CENTER ALLOWS VISITORS TO SEE RESIDENT MANATEES, SEA

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TURTLES AND DOLPHINS THAT CANNOT BE RETURNED TO THE WILD. THESE
 NON-RELEASABLE ANIMALS ACT AS AMBASSADORS FOR THEIR SPECIES AND HELP US
 TEACH THE PUBLIC ABOUT OUR ONGOING RESEARCH PROGRAMS WITH THESE SPECIES
 IN THE WILD. THESE RESIDENT ANIMALS ALSO PARTICIPATE IN RESEARCH
 PROGRAMS HERE AT THE AQUARIUM THAT ALLOW US TO LEARN MORE ABOUT THESE
 ANIMALS IN WAYS THAT ARE NOT POSSIBLE IN WILD SETTINGS. IN THIS
 FASHION, THE AQUARIUM STAFF ARE CREATING A GREATER UNDERSTANDING OF THE
 LEARNING ABILITIES AND BIOLOGY OF THESE SPECIES, INCLUDING HOW WELL
 THEY HEAR AND SEE, AND HOW THEY USE VARIOUS SENSES - INCLUDING TOUCH -
 TO NAVIGATE THEIR ENVIRONMENT.

BEHIND THE SCENES, MOTE ALSO CARES FOR STRANDED, SICK OR INJURED
 DOLPHINS, WHALES AND SEA TURTLES WITH THE GOAL OF RETURNING THEM TO THE
 WILD. MOTE'S ANIMAL CARE STAFF SEEKS TO EXPAND KNOWLEDGE OF THE BASIC
 BIOLOGY, VETERINARY CARE AND DISEASE PROCESSES OF THESE ANIMALS. WHEN
 ANIMALS ARE SUCCESSFULLY RELEASED, EVERY EFFORT IS MADE TO DO FOLLOW-UP
 MONITORING OF THE SHORT- AND LONG-TERM MOVEMENTS OF THESE ANIMALS.

MOTE'S DOLPHIN AND WHALE HOSPITAL HAS BEEN REHABILITATING DOLPHINS AND
 WHALES AT OUR SARASOTA, FLA.-BASED FACILITIES SINCE 1984. WE HAVE
 TREATED 70 DOLPHINS AND SMALL WHALES AND SUCCESSFULLY RELEASED 21 TO
 THE WILD. OUR GOAL IS TO PROVIDE THE MOST HUMANE TREATMENT POSSIBLE FOR
 LIVE-STRANDED DOLPHINS AND WHALES, WHILE ALSO CREATING A BETTER
 SCIENTIFIC UNDERSTANDING OF THESE ANIMALS AND THEIR NEEDS IN ORDER TO
 SUPPORT CONSERVATION OF THESE SPECIES IN THE WILD.

MOTE HAS BEEN REHABILITATING SICK AND INJURED SEA TURTLES SINCE 1995.
 WE HAVE TREATED MORE THAN 450 SEA TURTLES OVER THAT PERIOD - INCLUDING
 SEA TURTLES SUFFERING FROM FIBROPAPILLOMA TUMORS. THESE TUMORS ARE
 BELIEVED TO BE CAUSED BY A VIRUS AND, BECAUSE THE TRANSMISSION
 MECHANISM FOR THIS DISEASE REMAIN UNKNOWN, THE FACILITIES WHERE THESE

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TURTLES ARE TREATED ARE SEPARATE FROM OUR OTHER TURTLE TREATMENT FACILITIES. MOTE IS ONE OF ONLY THREE FACILITIES IN FLORIDA THAT IS ABLE TO PROVIDE THIS SPECIALIZED CARE.

ONE SEA TURTLE'S INCREDIBLE STORY

ON MEMORIAL DAY 2013, MOTE'S STRANDING INVESTIGATIONS PROGRAM RESCUED A NEARLY 300-POUND LOGGERHEAD SEA TURTLE NAMED MURPH. THIS TURTLE HAD BEEN TETHERED TO SOMETHING UNDERWATER FOR AT LEAST A WEEK BEFORE HE COULD BE RESCUED. UPON UNDERTAKING THE EFFORT TO SAVE THE ANIMAL, MOTE STAFF MEMBERS FOUND HE SUFFERED FROM A NUMBER OF FISHING GEAR-RELATED ENTANGLEMENTS, INCLUDING LINE THAT HAD WRAPPED AROUND HIS FLIPPERS AND CUT THROUGH TISSUE ALL THE WAY TO THE BONE.

AFTER RESCUING THIS TURTLE, WHICH WAS NICKNAMED MURPH IN HONOR OF A NAVY LIEUTENANT KILLED IN BATTLE, THE TEAM BROUGHT HIM TO MOTE'S SEA TURTLE REHABILITATION HOSPITAL, A HOSPITAL CREATED TO HELP SAVE THREATENED AND ENDANGERED SEA TURTLES AND RETURN THEM TO THE WILD. THE HOSPITAL TYPICALLY TREATS HUNDREDS OF TURTLES A YEAR, PROVIDING MEDICAL CARE THAT ALLOWS THEM TO SURVIVE AND RETURN TO THE WILD.

JUST BEFORE MURPH WAS RETURNED TO THE WILD IN OCTOBER 2013, HE WAS OUTFITTED WITH A SATELLITE TRANSMITTER THAT ALLOWED SCIENTISTS IN MOTE'S SEA TURTLE CONSERVATION AND RESEARCH PROGRAM TO FOLLOW HIS TRAVELS AT SEA. NOT ONLY DOES THE TAG HELP US EVALUATE HOW WELL AN INDIVIDUAL ANIMAL DOES AFTER RELEASE, IT ALSO ALLOWS US TO LEARN MORE ABOUT HOW THESE ANIMALS LIVE IN THE WILD.

MOTE'S GOALS GO BEYOND JUST HELPING INDIVIDUAL ANIMALS. THE FACT THAT MOTE IS INVESTED IN RESCUING, PROVIDING CRITICAL REHABILITATIVE CARE AND DOING SCIENTIFIC RESEARCH, ALLOWS US THE UNIQUE ABILITY TO COMBINE INFORMATION FROM MULTIPLE SOURCES ABOUT THE LIVES AND DEATHS OF

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INDIVIDUAL ANIMALS LIKE MURPH AND APPLY IT TO HELP RESTORE AND PROTECT
WHOLE POPULATIONS OF ENDANGERED AND THREATENED SPECIES. FEW
ORGANIZATIONS NATIONWIDE CAN CLAIM SUCH A COMPREHENSIVE EFFORT FOR SEA
TURTLES, LET ALONE THE NUMEROUS OTHER SPECIES THAT MOTE WORKS WITH.

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

EDUCATION

MOTE MARINE LABORATORY'S COMMITMENT TO SUPPORTING A MORE OCEAN-LITERATE
SOCIETY BEGINS WITH CHILDREN - BUT IT DOESN'T STOP THERE. IN ADDITION
TO THE MANY PROGRAMS WE OFFER THAT ARE GEARED TOWARD THE YOUNG, WE ALSO
OFFER PROGRAMS TO PROVIDE ADULTS WITH LIFE-LONG OPPORTUNITIES FOR
PUBLIC ENGAGEMENT IN MARINE SCIENCE, LIKE AN ANNUAL SPECIAL LECTURE
SERIES AND SCIENCE CAFES.

MOTE'S ANNUAL SPECIAL LECTURE SERIES, GRACIOUSLY SPONSORED BY LOCAL
PHILANTHROPISTS, SHOWCASES AN EXCITING SPEAKER LIST OF TOP SCIENTISTS
AND EXPLORERS EACH YEAR THAT DRAWS THOUSANDS OF LOCAL RESIDENTS TO
LEARN MORE ABOUT OCEAN-RELATED TOPICS.

MOTE ALSO PRESENTS ON-SITE EXPERIENCES FOR STUDENTS THROUGH SCHOOL AND
PUBLIC PROGRAMS, SUMMER CAMPS AND INTERNSHIP PROGRAMS INCLUDING THE
NATIONAL SCIENCE FOUNDATION-FUNDED RESEARCH EXPERIENCES FOR
UNDERGRADUATES, WHICH ALLOWS UNDERGRADUATE COLLEGE STUDENTS THE
OPPORTUNITY TO UNDERTAKE SCIENTIFIC STUDIES UNDER THE DIRECT MENTORSHIP
OF A PH.D.-LEVEL RESEARCHER. IN 2013, MOTE CELEBRATED ITS TENTH
SUCCESSFUL YEAR OF HOSTING THIS NATIONAL SCIENCE FOUNDATION-FUNDED,
WHICH IS DESIGNED TO ENCOURAGE STUDENTS INTERESTED IN STEM FIELDS. OVER
10-WEEKS, MOTE MENTORS HELP STUDENTS CHOOSE AND DEFINE THEIR RESEARCH
PROJECTS AND GUIDE THEM AS THEY PERFORM EXPERIMENTS NEEDED TO COMPLETE

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THE PROJECT.

IN 2013, MOTE ALSO WELCOMED THE FIRST GROUP OF STUDENTS FROM THE UNIVERSITY OF SOUTH FLORIDA SARASOTA-MANATEE CAMPUS TO THE NEWLY CREATED TEACHING LABS IN OUR ANN AND ALFRED GOLDSTEIN MARINE MAMMAL RESEARCH AND REHABILITATION BUILDING.

THE LABS LEVERAGE THE STRENGTHS OF BOTH INSTITUTIONS IN A MARRIAGE OF ACADEMICS, RESEARCH AND BUSINESS. MOTE RESEARCHERS HOLD COURTESY FACULTY APPOINTMENTS AT USFSM, SHARING THEIR REAL-WORLD EXPERIENCE WITH STUDENTS, WHO WILL ONE DAY LEAD THE NEXT WAVE OF FLORIDA'S SCIENTISTS, ENGINEERS, TECHNICIANS AND BUSINESS VISIONARIES. THE LABS ARE THE SITE FOR ALL USFSM BIOLOGY AND CHEMISTRY CLASSES AND AN INQUIRY-BASED BACHELOR'S DEGREE PROGRAM IN BIOLOGY THAT WILL BEGIN IN 2014.

IN ALL, OUR SCHOOL AND PUBLIC PROGRAMS REACHED 29,536 CHILDREN AND ADULTS THROUGH OUR SPECIAL PROGRAMMING, AND OUR MOTE MOBILE AND OTHER TRAVELING EXHIBITS REACHED MORE THAN A MILLION PEOPLE NATIONALLY AND INTERNATIONALLY. MOTE-SPONSORED EDUCATION PROGRAMS IN CHARLOTTE COUNTY REACHED MORE THAN 6,000 PARTICIPANTS AND MOTE HOSTED 30 HIGH SCHOOL INTERNS AND A RECORD 180 COLLEGE INTERNS.

MOTE VOLUNTEERS ALSO PLAY A STRONG ROLE IN HELPING MOTE TO ACCOMPLISH ITS MISSION BY SHARING THEIR TIME AND EXPERTISE AS AQUARIUM DOCENTS, BEHIND-THE-SCENES CONTRIBUTORS AND EVEN LABORATORY RESEARCH ASSISTANTS. IN 2013, 1,685 VOLUNTEERS CONTRIBUTED 210,337 SERVICE HOURS TO MOTE, FOR A VALUE OF \$4,743,099 MILLION.

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

PROTECT OUR REEFS

FLORIDA HAS THE ONLY BARRIER CORAL REEF SYSTEM IN THE CONTINENTAL U.S.

332212
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Schedule O (Form 990 or 990-EZ) (2013)

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IT'S LIKE HAVING THE GRAND CANYON UNDERWATER - A NATURAL TREASURE THAT
TOOK MILLIONS OF YEARS TO CREATE AND DESERVES OUR PROTECTION.

SADLY, CORALS ARE IN DECLINE WORLDWIDE. RESEARCH IS HELPING TO
UNDERSTAND WHY AND WHAT TO DO ABOUT IT. EDUCATION AND CONSERVATION
EFFORTS CAN HELP REDUCE HUMAN IMPACT ON THESE PRECIOUS RESOURCES.

TO HELP SUPPORT MARINE RESEARCH, CONSERVATION AND EDUCATION EFFORTS
DESIGNED AT SAVING FLORIDA'S REEF, MOTE MARINE LABORATORY SPONSORED THE
CREATION OF THE PROTECT OUR REEFS SPECIALTY LICENSE PLATE IN FLORIDA.

THE PLATE WAS APPROVED BY THE FLORIDA LEGISLATURE IN JULY 2003. MOTE
ADMINISTERS THESE FUNDS.

FOR EACH REEF PLATE PURCHASED BY A FLORIDA-LICENSED DRIVER, \$25 IS USED
TO SUPPORT CORAL REEF RESEARCH, CONSERVATION AND OUTREACH PROGRAMS,
INCLUDING A SPECIAL PROTECT OUR REEFS GRANTS PROGRAM. IN ADDITION TO
SUPPORTING MOTE RESEARCH PROGRAMS, THIS PROGRAM ALLOWS OTHER
FLORIDA-BASED ORGANIZATIONS TO APPLY FOR FUNDS FOR STUDIES THAT ARE
DESIGNED TO HELP UNDERSTAND THE ISSUES OUR REEFS ARE FACING AND
INVESTIGATE WAYS TO IMPROVE REEF HEALTH. 37.5% OF REVENUES SUPPORTS
GRANTS AND AN ADDITIONAL 37.5% OF REVENUES SUPPORTS MOTE CORAL REEF
RESEARCH.

IN 2013, MOTE AWARDED \$356,500 IN GRANTS FOR CORAL REEF RESEARCH,
CONSERVATION AND OUTREACH. THESE STUDIES ARE HELPING SOCIETY GAIN A
MORE COMPREHENSIVE PICTURE OF WHY CORALS ARE IN DECLINE AND THE FACTORS
THAT KEEP CORAL HEALTHY. THE OUTREACH PROGRAMS HELP FLORIDA RESIDENTS
AND TOURISTS BETTER UNDERSTAND CORAL ECOSYSTEMS AND HOW HUMAN ACTIVITY
AFFECTS THEM AND HOW THEY CAN PROACTIVELY ASSIST IN PROTECTING AND
RESTORING CORAL REEFS.

FLORIDA DRIVERS WHO PURCHASE THE STATE'S PROTECT OUR REEFS SPECIALTY
LICENSE PLATE ARE SUPPORTING PROGRAMS LIKE THIS THAT HELP US ATTACK

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CORAL REEF PROBLEMS ON A NUMBER OF FRONTS.

AQUACULTURE PARK

MOTE AQUACULTURE PARK FACILITY OPERATIONS

MOTE HAS 200 ACRES THAT HAS BEEN DEVELOPED INTO A STATE-OF-THE-ART

AQUACULTURE FACILITY SUPPORTING THE CONSERVATION OF THE WORLD'S FISHERY

STOCKS AND THE SUSTAINABLE PRODUCTION OF SEAFOOD. THE PARK INCLUDES

MORE THAN 125,000 SQUARE FEET OF FACILITIES UNDER ROOF WHERE MOTE'S

COMMERCIAL STURGEON DEMONSTRATION PROGRAM AND ITS MARINE AND FRESHWATER

AQUACULTURE RESEARCH PROGRAM ARE HOUSED.

EFFORTS AT THE FACILITY INCLUDE THE STUDY OF THE GROWTH OF SALTWATER

SPECIES FOR RESTOCKING PROGRAMS - PARTICULARLY COMMON SNOOK, POMPANO,

COBIA AND OTHER SPECIES - AND THE GROWTH OF FRESHWATER SIBERIAN

STURGEON FOR MEAT AND CAVIAR PRODUCTION. IN 2006, MOTE BECAME THE FIRST

ORGANIZATION IN FLORIDA TO PRODUCE CAVIAR - DEMONSTRATING THAT

LARGE-SCALE AQUACULTURE PRODUCTION THAT RELIES ON WATER RECIRCULATING

TECHNOLOGIES WAS FEASIBLE IN THE STATE.

THE AQUACULTURE PARK TESTS EVERYTHING FROM WATER RE-USE TECHNOLOGIES TO

VARIOUS WAYS TO INCORPORATE NEW SPECIES INTO ITS PRODUCTION PROCESS.

RESEARCH IS BEING UNDERTAKEN TO USE FISH WASTE AND FRESH WATER

WASTEWATER IN THE PRODUCTION OF PLANT SPECIES FOR LATER USE IN WETLAND

AND COASTAL RESTORATION PROGRAMS.

MEMBERSHIP

IN 2013 MOTE MARINE LABORATORY AND AQUARIUM WAS FORTUNATE TO CONTINUE

AND STRENGTHEN OUR 7,900 (HOUSEHOLDS) MEMBERSHIP PROGRAM. MEMBERSHIP

DUES PROVIDE UNRESTRICTED FUNDS THAT ARE PUT TO WHERE THE NEED IS

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GREATEST ANNUALLY. INDIVIDUAL MEMBERSHIP LEVELS BEGIN AT \$65 AND RISE TO \$1,000. MEMBERSHIP BENEFITS INCLUDE UNRESTRICTED VISITS TO THE AQUARIUM AT MOTE MARINE LABORATORY WITH THE NUMBER OF GUESTS ALLOWED BASED ON INDIVIDUAL MEMBERSHIP LEVELS; DISCOUNTS IN THE AQUARIUM SHOPS; DISCOUNTS ON EDUCATION PROGRAMS AND CAMPS; FREE AND DISCOUNTED ADMISSIONS TO MORE THAN 100 ZOOS AND AQUARIUMS ACROSS THE UNITED STATES AND MUCH MORE. FOR A COMPLETE LIST OF MEMBERSHIP LEVELS, BENEFITS AND OPPORTUNITIES PLEASE VISIT OUR WEBSITE AT WWW.MOTE.ORG/MEMBERSHIP

EXPENSES \$ 3,405,362. INCL GRANTS OF \$ 151,433. REVENUE \$ 2,316,973.

FORM 990, PART VI, SECTION A, LINE 1:

THE PRESIDENT/CEO IS A VOTING BOARD MEMBER. WHEN ISSUES ARISE THAT MAY CAUSE A CONFLICT OF INTEREST, HE RECUSES HIMSELF. ADDITIONALLY, THE PREVIOUS PRESIDENT WAS ALSO A VOTING BOARD MEMBER UNTIL HIS RETIREMENT 5/16/13.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM WITH INFORMATION FROM THE ANNUAL AUDIT AND SENIOR MANAGEMENT. THE FINAL FORM 990 IS REVIEWED BY THE CEO AND CFO. PRIOR TO FILING, FORM 990 IS SIGNED BY THE CEO AND PROVIDED TO THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C:

TRUSTEES, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. A CONFLICT OF INTEREST POLICY AND DISCLOSURE STATEMENT IS DISTRIBUTED AT THE ANNUAL BOARD MEETING OR OTHER TIMES AS NEEDED. ALL SIGNED DISCLOSURES ARE COLLECTED WITH A FOLLOW UP UNTIL RETURNED. THEY ARE REVIEWED BY THE

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PRESIDENT OR CFO AND BROUGHT TO THE AUDIT COMMITTEE IF NEEDED FOR
DETERMINATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION FOR THE CEO IS DETERMINED BY THE CEO
EVALUATION/COMPENSATION COMMITTEE. THE COMMITTEE BASES THEIR DECISION ON
COMPENSATION DATA FROM COMPARABLE INSTITUTIONS AND A COMPREHENSIVE WRITTEN
SUMMARY OF ACTIVITIES BY THE CEO. THE COMPENSATION FOR THE CFO IS
DETERMINED BY THE CEO AFTER A BOARD APPROVED BUDGET RATE OF INCREASE. ALL
DELIBERATION AND DECISIONS ARE CONTEMPORANEOUSLY SUBSTANTIATED.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS INCLUDING THE ARTICLES OF
INCORPORATION AND BY-LAWS, THE CONFLICT OF INTEREST POLICY, THE FORM 990
AND THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE
ANNUAL AUDITED FINANCIAL STATEMENT IS ALSO AVAILABLE ON WWW.MOTE.ORG

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|--|------------|
| CHANGE IN NET ASSETS OF MOTE MARINE FOUNDATION, INC. | 1,934,494. |
| EQUITY EARNINGS IN SUBSIDIARY INCOME | -425,725. |
| ROUNDING | 2. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 1,508,771. |

FORM 990, PART XII, LINE 2C AUDIT REVIEW PROCESS

THERE HAS BEEN NO CHANGE IN THE AUDIT REVIEW PROCESS FROM
THE PRIOR YEAR.

Related Organizations and Unrelated Partnerships

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

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|---|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| MOTE MARINE FOUNDATION, INC. - 59-2226800 1600 KEN THOMPSON PARKWAY SARASOTA, FL 34236 | PROVIDES FUNDS TO SUPPORT MOTE MARINE LABORATORY | FLORIDA | 501(C)(3) | LINE 11A, I | | | X |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Report of Employer-Owned Life Insurance Contracts

OMB No. 1545-2089

▶ Attach to the policyholder's tax return - See instructions.

Attachment
 Sequence No. **160**

| | |
|---|---|
| Name(s) shown on return | Identifying number |
| MOTE MARINE LABORATORY, INC. | 59-0756643 |
| Name of policyholder, if different from above | Identifying number, if different from above |

Type of business
NONPROFIT

| | | |
|---|----|---------|
| 1 Enter the number of employees the policyholder had at the end of the tax year | 1 | 194. |
| 2 Enter the number of employees included on line 1 who were insured at the end of the tax year under the policyholder's employer-owned life insurance contract(s) issued after August 17, 2006. See Section 1035 exchanges for an exception | 2 | 1. |
| 3 Enter the total amount of employer-owned life insurance in force at the end of the tax year for employees who were insured under the contract(s) specified on line 2 | 3 | 25,000. |
| 4a Does the policyholder have a valid consent (see instructions) for each employee included on line 2? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| b If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid consent | 4b | |

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

| | | | |
|--|--|---|--|
| Part II | | Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). | |
| Enter filer's identifying number, see instructions | | | |
| Type or print | Name of exempt organization or other filer, see instructions. | Employer identification number (EIN) or | |
| File by the due date for filing your return. See instructions. | MOTE MARINE LABORATORY, INC. | 59-0756643 | |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | Social security number (SSN) | |
| | 1600 KEN THOMPSON PARKWAY | | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | |
| | SARASOTA, FL 34236 | | |

Enter the Return code for the return that this application is for (file a separate application for each return) 01

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

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

DENA SMITH @ MOTE MARINE LABORATORY

• The books are in the care of **1600 KEN THOMPSON PARKWAY - SARASOTA, FL 34236**
 Telephone No. **941-388-4441** Fax No.

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2014**.

5 For calendar year **2013**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
TAXPAYER REQUIRES ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

| | | | |
|---|----|----|----|
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | 0. |
| 8b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0. |
| 8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | 0. |

Signature and Verification must be completed for Part II only.

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

Signature Title Date