CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection

OMB No. 1545-0047

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.

A	For t	the 2016 calendar year, or tax year beginning JAN 1, 2016 and ending	g SEP 30, 201	6
В	Check applica	r C Name of organization	D Employer identi	
		MOTE MARINE LABORATORY, INC. Doing business as		2856642
F	- Initi	-1		0756643
	Fina retu tem	1600 KEN THOMPSON PARKWAY	/suite E Telephone numb	
_	tern ated	y and an product of the start code	G Gross receipts \$	15,153,054.
<u> </u>	⊦retu	m SARASUTA, FL 34236	H(a) Is this a group	return
L	tion pen	F Name and address of principal officer:MICHAEL P. CROSBY, PH	 D . for subordinate 	s? Yes X No
_		SAME AS C ABOVE	H(b) Are all subordinates	included? Yes No
		xempt status: X 501(c)(3)	527 If "No," attach a	a list. (see instructions)
		site: WWW.MOTE.ORG	H(c) Group exemption	
	art I	Summary		M State of legal domicile: FL
ø	1	Briefly describe the organization's mission or most significant activities: ADVANCII	NG THE SCIENCE	OF THE SEA
Activities & Governance		THROUGH RESEARCH, EDUCATION AND OUTREACH.		
ern	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its net a	ssets.
õ	3	Number of voting members of the governing body (Part VI, line 1a)	3	29
ಳ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
ies	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	
Š	6	Total number of volunteers (estimate if necessary)	6	1601
Ac	7a	l 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		0.
		On-little state of the same of	Prior Year	Current Year
E	8	Contributions and grants (Part VIII, line 1h)	12,678,299.	3,276,438.
Revenue	9	Program service revenue (Part VIII, line 2g)	13,270,176.	10,520,753.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54,786.	-13,474.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	457,898.	547,951.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,461,159.	14,331,668.
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	296,680.	355,326.
m	15	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,802,145.	8,246,496.
ben	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 868,997.	0.	0.
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0 000 004	F 250 050
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,828,834.	7,358,950.
	19	Revenue less expenses. Subtract line 18 from line 12	20,927,659.	15,960,772.
no:		November 1000 Oxportibus. Oxportibus 10 florif fill 12	5,533,500.	-1,629,104.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 52,856,042.	End of Year
ASS	21	Total liabilities (Part X, line 26)	16,495,651.	51,490,761.
堊	22	Net assets or fund balances. Subtract line 21 from line 20	36,360,391.	17,352,523. 34,138,238.
	rt II	Signature Block	<u> </u>	J4,1J0,2J0.
Unde	r pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	itements, and to the hest of my	/ knowledge and helief it is
true,	correc	ot, and complete. Declaration of preparer (other than office) is based on all information of which prep	arer has any knowledge	ranomougo and bonoi, it is
			81411	7
Sign	ı	Signature of office	Øate .	
Here	€	MICHAEL P. CROSBY, PH.D., CEO	V (
		Type or print name and title		
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		REBECCA U. STONER KULLE USTONILIA	8/11/7 if self-employer	P00585910
Ргер		Firm's name KERKERING, BARBERIO & CO.	Firm's EIN	59-1753337
Use (עומע	Firm's address P.O. BOX 49348		
B.4-	46 - 4-	SARASOTA, FL 34230-6348	Phone no. 9 4 1	<u>L-365-4617</u>
		RS discuss this return with the preparer shown above? (see instructions)		X Yes No
63200	1 11-1	1-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2016)

	m 990 (2016) MOTE MARINE LABORATORY, INC. art III Statement of Program Service Accomplishments	<u>59-0756643</u>	Page 2
			
_	Check if Schedule O contains a response or note to any line in this Part III	*********************	X
1	Briefly describe the organization's mission:		
	THE ADVANCEMENT OF MARINE AND ENVIRONMENTAL SCIENCES THE	ROUGH	
	SCIENTIFIC RESEARCH, EDUCATION AND PUBLIC OUTREACH, LEAD	ING NEW	
	DISCOVERIES, REVITALIZATION AND SUSTAINABILITY OF OUR OF	EANS AND	
2	GREATER PUBLIC UNDERSTANDING OF OUR MARINE RESOURCES. Did the organization undertake any significant program services during the year which were not listed on the		
_			
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	LYes	X No
3			
0	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	LX No
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 other revenue, if any, for each program service reported.	's, the total expenses, a	and
4a		4 605	000
16	SEE SCHEDULE O:	4,085,	844.)
4b	(Code:) (Expenses \$ 2,769,177. Including grants of \$) (Revenue	2 240 [-14
	SEE SCHEDULE O:	s 3,348,5)14.
	2		
4c	(Code:) (Expenses \$ 933,091. including grants of \$ 68,000.) (Revenue	FFO O	140
	SEE SCHEDULE O:	£ <u>550,8</u>	<u>49.</u>)
	Dad Schildson C.		
			
4d	Other program services (Describe in Schedule O.)		
_		35,568.)	
4e	Total program service expenses ► 13,273,633.	13,300.)	
	X0121010331	Form 99 () (note:
		Lottu aar	√ (∠U16)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	. —	1	
	during the tax year? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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.			
3	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	The state of the s			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
الم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u>X</u>	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
•	the organization's separate of consolidated financial statements for the tax year include a roothore that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	446	-	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	X	
120		40-	~ l	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	40h		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	\rightarrow	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		T	
	complete Schedule G, Part III	19		X
		Form §	9 <mark>90</mark> (2	2016)

Form 990 (2016) MOTE MARINE LABORATORY, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	. 20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	. 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	İ		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	-		
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_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 "Yes,"			
	complete Schedule L, Part II	26		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	27	}	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations?	1 1		
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1 1	- 1	
	Schedule N, Part II	32		_X_
33	bit the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 1	- 1	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	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	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ø	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	$-\!\!\downarrow$	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		- 1	
27	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u> _
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	\dashv	<u>X</u>
J 0	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	38	X	
		Form 9	JYU (2	016

2016) MOTE MARINE LABORATORY, INC. 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	ם ב	103	140
b		ก็		1
C	PART A ST. A	Ť		
	(gambling) winnings to prize winners?	10		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10		
b	····	2b	Ì	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.55		
За		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		- 42
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	1	_	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			i
5a		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		-23
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	36		
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ual	_	
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
а	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?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-,5	- 21	
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
b	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	- 1		
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		- 1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	İ		
2a	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		- 1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		\neg	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	_	1	
4a	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		
		F	<u> </u>	2040

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
Sec	ction A. Governing Body and Management	*******	********	123
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a 2	3	1.00	1
	If there are material differences in voting rights among members of the governing body, or if the governing	7	1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			1
b		₹		İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		l
	officer, director, trustee, or key employee?	2		х
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?	2		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	+-	$\overline{}$
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4		X
6	Did the organization have members or stockholders?	5	 	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6_	-	X
	more members of the governing body?			37
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a	-	X
_				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_7b	-	X
а	The governing body?			
Ь	The governing body? Fach committee with authority to act on behalf of the governing body?	_8a	X	
9	Each committee with authority to act on behalf of the governing body?	8b_	X	
•	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X
	This occitor b requests information about policies not required by the internal Revenue Code.)		1	
10a	Did the organization have local chapters, branches, or affiliates?		Yes	No
h	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a	 	X
-	and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b	\ \tag{\tau}	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	
12a	PACE OF THE STATE		\ 3.	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	X	
	in Schedule O how this was done		T.	
13	Did the organization have a written whistleblower policy?	12c	X	
14	Did the organization have a written document retention and destruction policy?	13	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	X	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		- 1	
а	The organization's CEO, Executive Director, or top management official		-	
b	Other officers or key employees of the organization	15a	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	X	
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
				7.
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		<u>X</u>
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	- 1	`	
	ion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed FL			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a			
-	for public inspection. Indicate how you made these available. Check all that apply.	ranable	В	
9	- Other (explain in deficule O)			
_	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	inanci	iai	
	State the name, address, and telephone number of the person who possesses the organization's books and records:			
_	DENA SMITH @ MOTE MARINE LABORATORY - 941-388-4441			
	1600 KEN THOMPSON PARKWAY, SARASOTA, FL 34236			
	THE DESCRIPTION OF THE PROPERTY OF THE DESCRIPTION			

632006 11-11-16

Form 990 (2016)

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.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALAN ROSE TRUSTEE	5.00	x								
(2) ARTHUR ARMITAGE	5.00									
CHAIRMAN EMERITUS		X			_	_				
(3) DEAN EISNER TRUSTEE	5.00	x								
(4) ELIZABETH MOORE	5.00		П							
TRUSTEE		X								
(5) FREDERICK M. DERR, P.E.	5.00									
CHAIRMAN EMERITUS		X								!
(6) HOWARD SEIDER, JR., M.D.	5.00									
TRUSTEE		X								
(7) JAMES D. ERICSON	5.00									
TRUSTEE		X						<u> </u>		
(8) JEANIE STEVENSON	5,00									
TRUSTEE		X								
(9) JOHN DART	5.00			- 1						
TRUSTEE		X								
(10) JUDY GRAHAM	5.00							ŀ		
CHAIRMAN EMERITUS		X								
(11) KIRK MALCOLM	5.00									
TRUSTEE		X								
(12) ROGAN DONELLY	5.00									
TRUSTEE		X								
(13) MAURICE CUNNIFFE	5.00									
TRUSTEE		X		-						
(14) NIGEL MOULD	5.00									
TRUSTEE		X		\dashv	_	-				
(15) PAUL CARREIRO	5.00									
TRUSTEE	F 00	X	\dashv	\dashv						
(16) PENELOPE KINGMAN	5.00	Ţ.		-						
TRUSTEE		X	\dashv	\dashv		-			i	
(17) RANDE RIDENOUR	<u>5.00</u>	x								
TRUSTEE 632007 11-11-16		<u> </u>								Form 990 (2016)

632007 11-11-16

Form 990 (2016) MOTE MAR	INE LAB	OR.	AΤ	OR:	Υ,	I	NC		<u> 59-07</u> !	6643	3	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
(A)	(B)			(6	C)			(D)	(E)		(F)	
Name and title	Average	(do	not o	Pos check			one	Reportable	Reportable	E	stima	ıted
	hours per	box	t, unie	ess pe	rson	is bo	th an	compensation	compensation	a	moun	
	week (list any	-	LGI AL	T	1110010	1	100)	⊣ πom	from related		othe	
	hours for	lirecti						the	organizations		•	sation
	related	eord	9			safed		organization (W-2/1099-MISC)	(W-2/1099-MISC)	1	rom t	
	organizations	bruste	al trus		22	mper.		(44-2/1099-141130)		٠, ١	ganiza Id rela	
	below	Individual trustee or director	institutional trustee	h	Key employee	est co	E G			1 '	aniza	
	line)	Made	Insilit	Officer	Key e	Highest compensated employee	E.	1		0.9		
(18) RICHARD O. DONEGAN	5.00											
TRUSTEE		X										
(19) ROBERT CARTER	5.00	-	_									
CHAIRMAN EMERITUS		X										
(20) GENE BECKSTEIN	5.00	<u> </u>	-		_			· · · · · · · · · · · · · · · · · · ·				
CHAIRMAN EMERITUS	3700	x										
(21) RONALD CIARAVELLA	5.00		-	Н		\vdash	-			 		
TRUSTEE	3.00	X										
	5.00	Δ								+-		
(22) SCOTT COLLINS	3.00	X										
TRUSTEE	5.00	Δ.	_	\dashv			<u> </u>		<u> </u>			
(23) SUSAN C. GILMORE	2.00	3.5										
TRUSTEE	F 00	Х			-	_		-		 		
(24) TRUDO LETSCHERT	5.00											
TRUSTEE	= 0.0	X			_	Ш						
(25) G. LOWE MORRISON	5.00											
CHAIRMAN		X		X								
(26) ROBERT ESSNER	5.00				ŀ							
VICE CHAIRMAN		X		X								
1b Sub-total												
c Total from continuation sheets to Part VII												
d Total (add lines 1b and 1c)												
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100	,000 of reportable			
compensation from the organization												
									*****		Yes	No
3 Did the organization list any former officer, of	director, or tru	stee	, ke	y em	pioy	yee,	or h	nighest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for su										3		X
4 For any individual listed on line 1a, is the sur	n of reportable	e co	mpe	nsal	tion	and	oth	ner compensation from t	he organization			
and related organizations greater than \$150										4		X
5 Did any person listed on line 1a receive or ac	crue compen	satio	on fr	om a	anv	unre	elate	ed organization or individual	dual for services			7-
rendered to the organization? If "Yes," comp	lete Schedule	Jfc	orsu	ch n	erso	on				5		x
Section B. Independent Contractors												1 22
1 Complete this table for your five highest con	pensated ind	epe	nder	nt co	ontra	acto	rs th	nat received more than !	\$100 000 of comper	estion f	rom	
the organization. Report compensation for the										iodion n	0111	
(A)	,			3			T	(B)		(C	3	
Name and business a	ddress	NO	NE					Description of se	ervices	Comper		n
	-											
							\dashv					
							+			•		
							+					
									1			
	<u> </u>						+					
									-			
Q. Total number of independent actions "	almatia - Francis	. I*	24	4	la	- 41 -		-h			-	
2 Total number of independent contractors (inc		et HITT	irred	το τ	nose	e list	ed a	apove) who received mo	ore than			
\$100,000 of compensation from the organiza		77.7	777	m = -	037		T 7	Tama				
SEE PART VII, SECTION	A CONT	ΤN	ŲΑ	т.Т.(ΟŊ	S	нE	ETS		Form 9	90 (2	2016)

Part VII Section A. Officers, Directors, Tr (A)	(D)	TIDI	uyet	:s, 2	mid f	ugr	ıest	Compensated Employ	rees (conunuea)	
(A) Name and title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Р огтег	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organization
27) LT GEN HOWARD G. CROWELL, JR	5.00									
REASURER	5.00	X	-	X						<u> </u>
28) MICKEY CALLANEN ECRETARY	3.00	X		x		İ				
29) MICHAEL P. CROSBY PH.D	40.00			-25						
RESIDENT/CEO		x		x					٠	
30) DENA J. SMITH	40.00									
FO & VP, ADMINISTRATION				X						
		-			\dashv	_				
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		_	_		_					

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Total revenue Related or exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1 a 1a **b** Membership dues 1b Fundraising events 1c 150,582, d Related organizations 382 827 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 11 2,743,029 ¶ Noncash contributions included in lines 1a-1f: \$ 310,204 h_Total, Add lines 1a-1f 3 276 438 Business Code Program Service Revenue 2 a RESEARCH 541700 4,685,822 4,685,822 b AQUARIUM 713990 3,348,514 3,348,514 C PROTECT OUR REEFS - LICENSE PLATE 900099 752,988 752,988 d MEMBERSHIPS 900099 702,718 702,718 e EDUCATION AND DISTANCE LEARNING 611710 550.849 550,849 f All other program service revenue 900099 479,862 479,862 a Total, Add lines 2a-2f 10 520 753 Investment income (including dividends, interest, and other similar amounts) 6.827 6,827, 4 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 289,502 71,100. b Less: cost or other basis and sales expenses 306,458 74.445 c Gain or (loss) -16.956. -3,345. d Net gain or (loss) -20.301-20.301.8 a Gross income from fundraising events (not Other Revenue including \$ ____ 150_582. of contributions reported on line 1c). See Part IV, line 18 a 99,682 b Less: direct expenses _____ b [79,912, c Net income or (loss) from fundraising events 19,770 19,770. 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b e Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____ a 888,752 b Less: cost of goods sold ______b 360.571. c Net income or (loss) from sales of inventory 528,181. Miscellaneous Revenue Business Code 11 a b d All other revenue e Total, Add lines 11a-11d Total revenue. See instructions. 14 331 668.

10

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534,477.

Sec	tion 501(c)(3) and 501(c)(4) organizations must con	mplete all columns. All o	ther organizations must o	complete column (A).	
_	Check if Schedule O contains a response			*****************************	
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	114,455.	114,455		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	240,871.	240,871		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	369,810.	101,560.	229,892.	38,358.
6	Compensation not included above, to disqualified			227,072.	20,330.
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		}	i i	
7	Other salaries and wages	6,502,680.	5,267,333.	911,132.	324,215.
8	Pension plan accruals and contributions (include	0,002,000.	3,201,333.	711,134.	344,413.
	section 401(k) and 403(b) employer contributions)	367,119.	301,232.	43,518.	22 260
9	Other employee benefits	498,819.		78,069.	22,369.
10	Payroll taxes	508,068.		82,861.	29,085.
11	Fees for services (non-employees):	500,000.	333,014.	04,001.	<u>29,393.</u>
а	Management				
	Legal	22,718.	21,818.	000	
	Accounting	39,350.		900.	
d	Lobbying	110,390.		39,350.	110 200
	Professional fundraising services. See Part IV, line 17	TTO, 350 •			110,390.
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	949,738.	742 004	101 040	104 510
12	Advertising and promotion	347,269.		101,242.	104,512.
13			<u>245,826.</u>	4,508.	96,935.
14	Office expenses Information technology	<u>577,190.</u>	423,513.	98,255.	55,422.
15					
16	Royalties	607 000	F16 220	450 004	
	Occupancy	697,902.	516,338.	179,304.	2,260.
17	Travel	451,208.	434,389.	8,634.	8,185.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	45 055	- 44 000		
19	Conferences, conventions, and meetings	47,275.	41,208.	2,326.	3,741.
20	Interest	134,763.	106,319.	28,444.	
21	Payments to affiliates	1 011 170	450 400		
22	Depreciation, depletion, and amortization	1,811,178.	450,488.	1,360,690.	
23	Insurance	426,075.	192,829.	227,942.	5,304.
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.)				
а	EQUIPMENT RENTAL & MAIN	1,049,085.	719,353.	322,597.	7,135.
b	SUPPLIES	517,657.	516,110.	1,519.	
c	INTERNAL RENTALS	0.	120,088.	-126,554.	28.
d	OVERHEAD ALLOCATION	0.	1,791,886.	-126,354. $-1,791,886$.	6,466.
	All other expenses	177,152.	136,554.	15,399.	2E 100
25	Total functional expenses. Add lines 1 through 24e	15,960,772.	13,273,633.		25,199.
26	Joint costs. Complete this line only if the organization	20,000,114	±3,413,033:	1,818,142.	868,997.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			1	
	Check here if following SOP 98-2 (ASC 958-720)				
	F				

Part	X	Balance Sheet							
		Check if Schedule O contains a response or not	e to ar	ny line in this	Part X		************************		
							(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing					6,585,957	. 1	5,432,588
	2	Savings and temporary cash investments				L	2,558,020	. 2	2,562,580
	3	Pledges and grants receivable, net					4,450,342	. 3	4,445,731
	4	Accounts receivable, net			4				
	5	Loans and other receivables from current and fo							
		trustees, key employees, and highest compensa							
		Part II of Schedule L		5					
	6	Loans and other receivables from other disqualit							
		section 4958(f)(1)), persons described in section		•					
		employers and sponsoring organizations of sect							
တ္		employees' beneficiary organizations (see instr).			6				
Assets	7	Notes and loans receivable, net				_	1,300,000	. 7	0
&	8	Inventories for sale or use					128,640		100,738
	9	Prepaid expenses and deferred charges		***************************************	***********	····· -	33,433		82,310
- 1	l0a	Land, buildings, and equipment: cost or other	i i	*******************					
		basis. Complete Part VI of Schedule D	10a	59.37	75.18	84.			
	b	Less: accumulated depreciation	10b	38.35	59.44	16.	21,746,238	10c	21,015,738
1	11	Investments - publicly traded securities					,,	11	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	2	Investments - other securities. See Part IV, line 1			12				
	3	Investments - program-related. See Part IV, line 1			13				
- 1	14	Intangible assets			14				
- 1 '	15	Other assets. See Part IV, line 11	····	16,053,412		17,851,076			
	16	Total assets. Add lines 1 through 15 (must equa		52,856,042		51,490,761			
_	7	Accounts payable and accrued expenses		1,006,783		1,510,822			
1	18	Grants payable			18				
1	9	Deferred revenue		7,491,573	. 19	7,505,842			
2	20	Tax-exempt bond liabilities						20	
2	21	Escrow or custodial account liability. Complete F						21	
က္က 2	2	Loans and other payables to current and former							
¥		key employees, highest compensated employees	s, and	disqualified p	persons	.			
Liabilities		Complete Part II of Schedule L						22	
ے ا	23	Secured mortgages and notes payable to unrela	ted thi	rd parties			7,387,017	23	7,742,984
2	24	Unsecured notes and loans payable to unrelated	i third	parties		[24	
2	:5	Other liabilities (including federal income tax, pay	ables	to related thi	rd				
		parties, and other liabilities not included on lines	17-24)	. Complete P	art X of				
		Schedule D				L	610,278		592,875
2	6	Total liabilities, Add lines 17 through 25					16,495,651	26	17,352,523
		Organizations that follow SFAS 117 (ASC 958)	, chec	k here 🕨	X ar	nd			
တ္မ		complete lines 27 through 29, and lines 33 and	d 34.						
ဋ 2		Unrestricted net assets					16,231,252		14,753,819
Net Assets or Fund Balances	8	Temporarily restricted net assets		9,763,008		8,879,490.			
2	9	Permanently restricted net assets		10,366,131	29	10,504,929			
2		Organizations that do not follow SFAS 117 (AS	SC 958	3), check her	e ▶L	_			
p		and complete lines 30 through 34.							
g 3		Capital stock or trust principal, or current funds						30	
ខ្លួំ 3		Paid-in or capital surplus, or land, building, or equ						31	
<u> </u>		Retained earnings, endowment, accumulated inc					<u> </u>	32	
z 3		Total net assets or fund balances					36,360,391		<u>34,138,238</u> .
3	4	Total liabilities and net assets/fund balances					<u>52,856,042</u>	34	51,490,761.

Form 990 (2016)

1	·					
	m 990 (2016) MOTE MARINE LABORATORY, INC.	59-	0756	643	Pi	age 12
P	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14	,33	1,6	568.
2	Total expenses (must equal Part IX, column (A), line 25)	2				772.
3	Revenue less expenses. Subtract line 2 from line 1	3				L04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				391.
5	Net unrealized gains (losses) on investments	5				346.
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		-59	4.3	395.
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	.13	8.2	38.
Pa	rt XII Financial Statements and Reporting			,	- /	
	Check if Schedule O contains a response or note to any line in this Part XII		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	********		\mathbf{x}
	<u></u>				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Γ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	 0.	_	j		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		j	2a		X
	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:		ſ	İ		
	Separate basis Consolidated basis Both consolidated and separate basis		- 1	- 1		
b	Were the organization's financial statements audited by an independent accountant?		- 1	2b	X	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis		ľ			ĺ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	Г			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	ale Aud	it			
	Act and OMB Circular A-133?			за	x	
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audi	,			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	x	
						2016)
						/

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number MOTE MARINE LABORATORY, INC. 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (IV) is the organization listed (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ning document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990 EZ) 2016 MOTE MARINE LABORATORY, INC. 59-0756643 Page 2
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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and				(4)	(3)	(1) 1545
	membership fees received. (Do not		1				
	include any "unusual grants.")	3,007,908.	4,217,004.	4.826.927.	12,678,299.	3,276,438.	28,006,576.
2	Tax revenues levied for the organ-						20,000,510.
	ization's benefit and either paid to	1					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	1					
	the organization without charge						
4	Total. Add lines 1 through 3	3,007,908,	4.217.004.	4,826,927.	12,678,299,	3,276,438.	28,006,576.
5	The portion of total contributions				14,010,255.	3,270,430.	20,000,570.
	by each person (other than a						
	governmental unit or publicly		1				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						0 022 505
6	Public support. Subtract line 5 from line 4.			-			2,933,595.
	ction B. Total Support	<u> </u>		\			25,072,981,
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	3,007,908,	4,217,004,	4.826,927.	12,678,299,	3,276,438.	28,006,576.
	Gross income from interest,		4,417,004.	4,020,027.	12,070,233,	3,210,436.	20,000,376.
	dividends, payments received on						
	securities loans, rents, royalties		i				
	and income from similar sources	38,376.	42,874.	55,103.	32,583.	6,827.	175,763.
9	Net income from unrelated business	30,0,00	12/0/10	337103.	32,303.	0,021.	1/3,/03.
_	activities, whether or not the					!	
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		1			1	
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	lane)			12 73	$\frac{28,182,339}{971,726}$
	First five years. If the Form 990 is for			fourth or fifth to		12 / J	,3/1,120.
	organization, check this box and ston	here					▶ □
Sec	tion C. Computation of Publi	c Support Per	centage	*************************		***************************************	
14	Public support percentage for 2016 (li	ne 6, column (f) div	vided by line 11. co	lumn (fi)		14	88.97 %
15	Public support percentage from 2015	Schedule A. Part I	ll. line 14			15	85.26 %
16a	33 1/3% support test - 2016. If the o	rganization did not	check the box on	line 13, and line 14	4 is 33 1/3% or m		
	stop here. The organization qualifies a	as a publicly suppo	orted organization	,	1,000 1,0,00 01 111	575, 571551C 1711G 250	
b	33 1/3% support test - 2015. If the o	roanization did not	check a box on lin	e 13 or 16a, and ii	ine 15 is 33 1/3%	or more, check thi	e hov
	and stop here. The organization quali	fies as a publicly s	upported organizat	ion		or more, erreek un	3 00%
17a	10% -facts-and-circumstances test	- 2016. If the orga	nization did not ch	eck a box on line	13.16a or16b e	nd line 14 is 1004	or more
	and if the organization meets the "fact	s-and-circumstanc	es" test check this	hov and stop be	ro, roa, or rob, at	Whow the erespi	or more,
	meets the "facts-and-circumstances"	test. The organizet	ion qualifies as a n	thlick supported	organization	. vi now the organi	Lauvii
b	10% -facts-and-circumstances test	- 2015. If the orga	nization did not ch	ack a boy on line :	13 16s 16h ar 1	7a and line 15 is 1	
	more, and if the organization meets th	e "facts-and-circum	nstances" teet cho	ock this havend -	ton hara Evaleisi	in Doct VI hourtha	U/8 UI
	organization meets the "facts-and-circ	umstances" test T	he omanization ou	on tine box and Si alifies as a publicle	n encounted order inh lieter Exhigiti	in ratt villow the	
18	Private foundation. If the organization	aniotatioes test. I a did not chack a b	no organization qu	amos as a publicij 165 175 oz 175	shook this how	nzation	
	ISSIEGOSIONEN AND ORGANIZACION	. G.G HOL OHEOR & D	ox on mid 10, 10d,	100, 1/a, 0/ 1/D,	CHOCK HIRS DOX SI	io see ilistructions	

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

Se	ction A. Public Support	bolow, picase com	ilpiete Fait II.				
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and		(,),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(6)	(4) 2010	(6) 2010	(i) Total
	membership fees received. (Do not						!
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
-3	Gross receipts from activities that		 				ļ
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				· · · · · · · · · · · · · · · · · · ·		
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	<u> </u>	 				
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and		 	<u> </u>			
, 6	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	1			•		
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support			<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(-) 0010	(0 T-1-1
	Amounts from line 6	(4) 2012	(0) 2010	(6) 2014	(d) 2015	(e) 2016	(f) Total
	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				[
С	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						
	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part Vi.)		-				
	First five years. If the Form 990 is for	the organization's	s first second thin	i fourth or fifth to	v voor op a coeffa-	E01(a)(2)	
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	rcentage	***************************************	***************************************		PL
	Public support percentage for 2016 (li			niuma (fi)		15	
16	Public support percentage from 2015	Schedule A. Part	III. line 15	otanii (7)		16	<u>%</u>
Sec	tion D. Computation of Inves	tment Income	e Percentage	***************************************	***************************************	10 1	<u>%</u>
	Investment income percentage for 20			= 13. column (fi)		17	0/
18	Investment income percentage from 2	015 Schedule A. I	Part III, line 17	,		18	<u>%</u>
19a	33 1/3% support tests - 2016. If the	organization did n	ot check the box o	n line 14 and line	15 is more than 23	1/3% and line 17	7 is not
	more than 33 1/3%, check this box ar	id stop here. The	organization qualif	ies as a publicly e	se timin eloni el c. lecinemo hefronqui	, 17070, and 11118 17 tion	IS HOT
b	33 1/3% support tests - 2015. If the	organization did no	ot check a box on	line 14 or line 19a	and line 16 is mor	e than 33 1/304 a	
i	ine 18 is not more than 33 1/3%, che	ck this box and st	op here. The organ	nization qualifies s	s a publicly suppor	ted organization	<u> </u>
20	Private foundation. If the organization	o did not check a h	oox on line 14, 19a	or 19b, check thi	s hox and see inst	nied organization	
	09-21-16			, 102, 011001 (11)		dule A (Form 990	
					001100	MAIC W (1 OI III 980)	UI 43U-L&]

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
		_	
	3a		
	3b		
	3c		
	<u>4a</u>		
	4b		
	70		
	4c_		
	5a		
	5b 5c		
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	8		
	9a		
ŀ	9b		
	9c		
	10a		
-	150		
	10b		
98	0 or 99	U-EZ) :	2016

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	ınizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		-
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting org	anization (see
	instructions).	_		

Schedule A (Form 990 or 990-EZ) 2016

	it v Type ili Non-runctionally integrated 50	<u> প্রে)(১) Supporting Org</u>	ganizations (continued)	
Sec	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exern	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ons	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is responsiv	/e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
- i	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
ь	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
	Excess distributions carryover to 2017. Add lines 3j and 4c			
	Breakdown of line 7:			
a				
	Excess from 2013		<u> </u>	
	Excess from 2014			
	Excess from 2015			
	F		·	

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-l	EZ) 2016 MOTE	MARINE	LABORATO	ORY, INC.		9-0756643	Page 8
Part VI	line 1; Part IV, Section A Section D, lines 5	ction D, lines 2 and , 6, and 8; and Par	. 40, 40, 5a, 6, 3 I 3: Part IV. Sec	9a, 9b, 9c, 11a, ction E. lines 1c	11b, and 11c; Part 2a 2b 3a and 3b	0; Part II, line 17a or 17 IV, Section B, lines 1 ar Part V, line 1; Part V, S part for any additional	b; Part III, line 12; d 2; Part IV, Section	
	(See instructions.)						
PART I	<u>. L</u>							
THE CU	RRENT TAX	YEAR IS A	A SHORT	YEAR BE	CAUSE THE	ORGANIZATION	CHANGED	
FROM A	CALANDER	YEAR END	TO A SE	PTEMBER	30 FISCAL	YEAR END.		
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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.lrs.gov/form990.

OMB No. 1545-0047

2016

Employer identification number Name of the organization 59-0756643 MOTE MARINE LABORATORY, INC. Organization type (check one): Section: Filers of: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

MOTE MARINE LABORATORY, INC.

59-0756643

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	7-0730043
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$122,388.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 99,712.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>86,426.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$500,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>122,136.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZiP ÷ 4	(c) Total contributions	(d) Type of contribution
6			Person X Payroll

Employer identification number

MOTE MARINE LABORATORY, INC.

59-0756643

Part II	Noncash Property (See instructions). Use duplicate copies of Par	rt 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
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	-
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
==\		\$	
(a) No. rom art i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	

	3 (Form 990, 990-EZ, or 990-PF) (2016)		Page				
Name of org	anzatoji		Employer identification number				
MOTE M Part III	and Jose from Englose oblighted to Complete	ntributions to organizations describe columns (a) through (e) and the fol	59-0756643 ed in section 501(c)(7), (8), or (10) that total more than \$1,000 for lowing line entry. For organizations				
	completing Part III, enter the total of exclusively religion. Use duplicate copies of Part III if addition	ous, charitable, etc., contributions of \$1,000 onal space is needed.	or less for the year. (Enter this info. once.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of g	ift				
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
(a) No.	(b) Purpose of gift						
Part I	(b) Fulpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer of gi	Relationship of transferor to transferee				
-							
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gif	t				
	Transferee's name, address, ar		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_ -							
	(e) Transfer of gift						
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

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

	, , , , , , , , , , , , , , , ,					
	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.				
Nar	ne of organization				Employer identification num	ıber
	MOTE MA	ARINE LABORATORY,	INC.		59-0756643	
Pa	art I-A Complete if the or	ganization is exempt unde	er section 501(c)	or is a section 5	27 organization.	
	-			·		
1	Provide a description of the organi	zation's direct and indirect politica	l campaion activities i	n Part IV		
	Political campaign activity expendi				\$	
3	Volunteer hours for political campa	ion activities	***************************************	***************************		
Pa	art I-B Complete if the or	ganization is exempt unde	er section 501(c)((3)		
1	Enter the amount of any excise tax				▶ \$	
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	*************************	\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	or this year?	**********************	Yes	No
4=	Was a correction made?		, 1110 your 1		Yes	No
ŀ	of "Yes," describe in Part IV.	***************************************	**************************	***************************************	Lifes Li	INO
Pa	art I-C Complete if the org	ganization is exempt unde	r section 501(c).	except section	501(c)(3).	-
	Enter the amount directly expende					
	Enter the amount of the filing organ					
_	exempt function activities		•		•	
3	Total exempt function expenditures					_
	line 17b		,		•	
4	Did the filing organization file Form	1120-DOI for this year?	***************************************		Yes	No
5	Enter the names, addresses and er	polover identification number (EIN	of all coation 527 pol	litical arapairations to	L tes	NO
9	made payments. For each organiza	tion listed enter the amount paid	from the filing ereceiz	ntical organizations to	writing organization	
	contributions received that were pr	nmntly and directly delivered to a	separate political orga	auon s lulius. Also el Poization, euch ac a c	eperate segregated funder a	
	political action committee (PAC). If	additional space is needed, provide	ie information in Part I	V	eparate segregated fulld of a	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fi filing organization		
				funds. If none, ente		
				10,1001 11,10110, 01110	delivered to a separat	e
					political organization	
					If none, enter -0	
			ļ		·	
	-	<u> </u>				
	<u></u>					
_						
				1		

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

Schedule C (Form 990 or 990-EZ) 2016

632041 11-10-16

Schedule C (Form 990 or 990-EZ) 2016	MOTE	MARIN	E LABORATOR	Y, INC.	59-0	756643 Page 2
Part II-A Complete if the or	ganizati	on is exe	mpt under section	on 501(c)(3) and fi	led Form 5768 (e	lection under
section 501(h)). A Check if the filing organiz			ethe h d d d d d			
expenses, and sha	ation beion	igs to an at	filiated group (and list i	n Part IV each affiliated	d group member's nan	ie, address, EIN,
			rexpenditures). and "limited control" pr	ovielene e		
D SHOOK P Hale liming organiz	anori crieci	AGO DOX A S	and minited control pr	ovisions apply,	/-> Elli	(L) ASSU-AI
		bying Expe			(a) Filing organization's	(b) Affiliated group totals
(The term "exper	nditures" n	neans amo	unts paid or incurred	.)	totals	
1a Total lobbying expenditures to inf	luence put	lic opinion	(grass roots lobbying)	· · · · · ·		
b Total lobbying expenditures to inf	iluence a le	gislative bo	dy (direct lobbying)		110,390.	
c Total lobbying expenditures (add	lines 1a an	d 1b)			110,390.	
d Other exempt purpose expenditu	res				15,850,382.	
e Total exempt purpose expenditur	es (add line	s 1c and 1	d)		15,960,772.	
f Lobbying nontaxable amount. En	ter the amo	unt from th	e following table in bo	th columns.	948,039.	
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,00			00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,		_	00 plus 10% of the exc			
Over \$1,500,000 but not over \$17	,000,000		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000	000.			
- C	-1050/	C			005 010	
g Grassroots nontaxable amount (e					237,010.	
h Subtract line 1g from line 1a. If zer			***************************************	***************************************	0.	
i Subtract line 1f from line 1c. If zer	o or iess, e	nter-u-	line 41 allalaha ayaa la		0.	
j If there is an amount other than ze reporting section 4911 tax for this			_		Г	¬
reporting education for the text for time			eraging Period Under	analine CO((b)		Yes No
(Some organizations t					of the five columns by	alow
	See	the separ	ate instructions for li	nes 2a through 2f.)	or the five columns of	51044.
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		
Colondon						
Calendar year (or fiscal year beginning in)	(a) 2	2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000	0,000.	1,000,000.	1,000,000.	948,039.	3,948,039.
b Lobbying ceiling amount						
(150% of line 2a, column(e))						5,922,059.
	40.					
c Total lobbying expenditures	13:	3,687.	158,196.	164,351.	110,390.	566,624.
d Grassroots nontaxable amount	250	0,000.	250,000.	250 000	227 010	005 010
e Grassroots ceiling amount		,,000.	450,000.	250,000.	237,010.	987,010.
(150% of line 2d, column (e))						1 /00 515
						1,480,515.
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2016 MOTE MARINE LABORATORY, INC. 59-0756643 Page 3

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)).

	response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a) -	(b)	
of the lobbying	activity.	Yes	Yes No		Amount	
1 During the	e year, did the filing organization attempt to influence foreign, national, state or					
local legis	lation, including any attempt to influence public opinion on a legislative matter					
or referen	dum, through the use of:					
a Volunteer	s?					
b Paid staff	or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media adv	vertisements?					
d Mailings to	o members, legislators, or the public?				_	
e Publicatio	ns, or published or broadcast statements?					
f Grants to	other organizations for lobbying purposes?					
g Direct con	tact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, de	monstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other acti						
j Total. Add	lines 1c through 1i					
2a Did the ac	tivities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," e	nter the amount of any tax incurred under section 4912	-				
c If "Yes." e	nter the amount of any tax incurred by organization managers under section 4912	i				
d If the filing	organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A C	complete if the organization is exempt under section 501(c)(4), section	n 501(c)	5) or se	ection		
5	01(c)(6).	,,, oo 1(o)	0), 01 00	Ollon		
				Yes	No	
1 Were subs	tantially all (90% or more) dues received nondeductible by members?		1			
2 Did the org	ganization make only in-house lobbying expenditures of \$2,000 or less?	**************				
3 Did the ord	panization agree to carry over lobbying and political campaign activity expenditures from the	e nrint vear	? 3			
Part III-B C	complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5) or se	ction		
a	01(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered nswered "Yes." ssments and similar amounts from members			t III-A, III	ie 3, 1	
2 Section 16	2(e) nondeductible lobbying and political expenditures (do not include amounts of politic		1			
	for which the section 527(f) tax was paid).	aı				
	ar					
b Carryover	rom last voor		2a			
c Total	rom last year		2b			
3 Aggregate	groups speed in posting COOP (AVA) and the of the distribution of		2c			
4 If notices v	amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
	vere sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	rganization agree to carryover to the reasonable estimate of nondeductible lobbying and p					
	e next year?		4			
5 laxable an	nount of lobbying and political expenditures (see instructions)		5			
	upplemental Information					
rovide the desc	riptions 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, lines 1 a	nd 2 (see		
istructions); and	Part II-B, line 1. Also, complete this part for any additional information.					

00200721 750420 40020

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 16 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Nam	e of the organization	Employer identification number				
MOTE MARINE LABORATORY, INC. 59-0756643						
Ра	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, Iir					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year		· · · · · · · · · · · · · · · · · · ·			
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	-				
	are the organization's property, subject to the organization's					
6	Did the organization inform all grantees, donors, and donor a		•			
	for charitable purposes and not for the benefit of the donor					
	impermissible private benefit?					
Pa			, line 7.			
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (e.g., recreation or e	· —				
	Protection of natural habitat	Preservation of a certified h	istoric structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c				
	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			
	Number of conservation easements on a certified historic str		2c			
d	Number of conservation easements included in (c) acquired					
_	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orgal	nization during the tax			
	year	coment is leasted				
4	Does the organization have a written policy regarding the pe					
5	violations, and enforcement of the conservation easements i		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
U	>	handling of violations, and entoloning conservati	or easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	fling of violations, and enforcing conservation ea	asements during the year			
·	> \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(l	3)(1)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservati					
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes the or	ganization's accounting for			
	conservation easements.					
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (AS					
	historical treasures, or other similar assets held for public exi	nibition, education, or research in furtherance of	public service, provide, in Part XIII,			
	the text of the footnote to its financial statements that descri					
b	If the organization elected, as permitted under SFAS 116 (AS		· ·			
	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) Revenue included on 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 tre-		provide			
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:					
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	s tor Horm 990.	Schedule D (Form 990) 2016			

632051 08-29-16

	edule D (Form 990) 2016 MOTE MA	RINE LABOR	ATORY, INC	Z					3 Page 2
	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)								
3	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):								
а	Public exhibition	c	Loan or exc	change programs					
b		ē		J. Programme					
c								_	
4	Provide a description of the organization's of	ollections and explai	in how they further t	he organization's	exemn	t numose	in Par	+ XIII	
5	During the year, did the organization solicit							. 7	
_	to be sold to raise funds rather than to be m							Yes	☐ No
Pa	rt IV Escrow and Custodial Arrar reported an amount on Form 990, Pa	igements. Compl							
19	Is the organization an agent, trustee, custoo		Niany for contribution	e or other accete	not inc				
10								Yes	X No
h	on Form 990, Part X?	and complete the fe	llauring table:	***************************************				_ res	ואם ואס
D	in res, explain the arrangement in Part Am	and complete the to	mowing table:					Amariant	
c	Beginning balance					4.0		Amount	
d	A 1 11:1 1 4 .1					1c			
e	Distributions during the year	,	*********			1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990. Part X. line	21 for escrow or c	ustodial account li	ability?			Yes	No
 b	If "Yes," explain the arrangement in Part XIII								
	rt V Endowment Funds. Complete						*********		
		(a) Current year	(b) Prior year	(c) Two years back		Three year	s back	(e) Four	vears back
1a	Beginning of year balance	617,820.	618,670.		$\overline{}$,933.		614.327.
b	Contributions			323,32		010	, , , , ,		<u>011,027,</u>
c	Net investment earnings, gains, and losses	1,568.	418.	2,65!	5.	-4	.109.		6.395.
d	Grants or scholarships					-4,10,			
е	Other expenditures for facilities								
	and programs	196.	1,268,	2.025	5.	6	216.		4,789.
f	Administrative expenses								
g	End of year balance	619,192.	617.820.	618,670) .	618	040.		615,933.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a						,
а	Board designated or quasi-endowment	-	%						
b	Permanent endowment ► 98.85	%							
c	Temporarily restricted endowment ▶	1.15 %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered fo	r the c	organizatio	on	_	
	by:								res No
	(i) unrelated organizations	***************************************		***************************************				3a(i)	X_
	(ii) related organizations				,			3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	Part VI Land, Buildings, and Equipment.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or of basis (investm			Accui depred	mulated ciation	(d) Book value		value
1a	Land		7,49	8,190.			1	7,498	,190.
	Buildings				,66	1,249			,131.
	Leasehold improvements								
	Equipment		14,79	1,757. 12	,58	0,489	. :	2,211	,268.
e	Other		2,80	1,857. 2	, 11'	7,708			,149.
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1						,738.

Schedule D (Form 990) 2016

	E LABORATORY,	INC. 5	9-0756643 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>		<u> </u>	
(G)			
(H)		1	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<u> </u>	<u> </u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes (a) Description of investment		(c) Method of valuation: Cost or e	nd of year market yelve
	(b) Book value	(e) Metriod of Valuation. Cost of 9	nd-or-year market value
(1)			
(2)			
(3)			
(4)			<u> </u>
(5)			
(6)		1	
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	-		
Complete if the organization answered "Yes	" on Form 990. Part IV. line	a 11d. See Form 990. Part X. line 15.	
) Description		(b) Book value
(1) BENEFICIAL INTEREST IN MO	OTE MARINE FOI	INDATION, INC.	15,174,210
(2) DONATED ASSETS HELD FOR			45,610
(3) PATENTS			102,404
(4) CONSTRUCTION IN PROGRESS			1,938,248
(5) INVESTMENT IN DEFERRED CO	OMPENSATION PI	LAN	585,964
(6) SECURITY DEPOSIT			4,640
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)		17,851,076
Part X Other Liabilities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line		25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DEFERRED COMPENSATION PA		585,964.	
(3) DUE TO MOTE MARINE FOUND	ATION,		
(4) INC.		6,911.	
(5)			
(6)			
(7)			

592,875. 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 Schedule D (Form 990) 2016

(8)

	rt XI Reconciliation of Revenue per Audited Financial	Statements Wi	th Revenue per l	Retur	E II.
	Complete if the organization answered "Yes" on Form 990, Part		!		
1	Total revenue, gains, and other support per audited financial statement			1	14,182,0
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	***************************************			
а	Net unrealized gains (losses) on investments	2a	1,346		
b	Donated services and use of facilities		2,900		
C	Recoveries of prior year grants			7	
d	Other (Describe in Part XIII.)		-594,395		
e	Add lines 2a through 2d			2e	-590,1
3	Subtract line 2e from line 1			3	14,772,1
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b			_	
	Other (Describe in Part XIII.)		-440,483	•	
C	Add lines 4a and 4b		***************************************	4c	-440,4
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 12.)	11. F.	5	14,331,6
Par	rt XII Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form 990, Part	B4 P 40-	ıtın Expenses pe≀	r Kett	ırn.
1	Total expenses and losses per audited financial statements			1	16,404,1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities		2,900	-	
	Prior year adjustments		. <u> </u>	_	
C	Other losses			4	
d	Other (Describe in Part XIII.)		440,483	4	
	Add lines 2a through 2d			2e	443,3
3	Subtract line 2e from line 1	***************************************	*********************	3	15,960,7
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)			- '	
C					
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iii	ine 18.)		4c 5	15,960,7
5 Par Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)and 4; Part IV, lines 1	b and 2b; Part V, line	5	
5 Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lit XIII Supplemental Information.	ne 18.)and 4; Part IV, lines 1	b and 2b; Part V, line	5	
5 Par Providines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	ne 18.)and 4; Part IV, lines 1	b and 2b; Part V, line	5	
Par Providines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	ine 18.)and 4; Part IV, lines 1 de any additional info	b and 2b; Part V, line ormation.	5 4; Part	X, line 2; Part XI,
Par Providines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete the comple	and 4; Part IV, lines 1 de any additional info	b and 2b; Part V, line ormation. HE INCOME U	4; Part	X, line 2; Part XI, AS FOLLO
Par Providines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the complete the	and 4; Part IV, lines 1 de any additional info	b and 2b; Part V, line ormation. HE INCOME UUPPORT OPER	5 4; Part	X, line 2; Part XI, AS FOLLO ONS FOR T
Par Provides:	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the control of the	and 4; Part IV, lines 1 de any additional info JITY WITH T S USED TO S DOWMENT FUN	b and 2b; Part V, line ormation. HE INCOME UUPPORT OPER	5 4; Part	X, line 2; Part XI, AS FOLLO ONS FOR T
PAR PAR PAR PAR PAR PAR PAR PAR PAR PAR	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, linet XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the control of the co	and 4; Part IV, lines 1 de any additional info JITY WITH T S USED TO S DOWMENT FUN	b and 2b; Part V, line ormation. HE INCOME UUPPORT OPER	5 4; Part	X, line 2; Part XI, AS FOLLO ONS FOR T
Par Providines:	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the control of the c	and 4; Part IV, lines 1 de any additional info JITY WITH T S USED TO S DOWMENT FUN FACILITY.	b and 2b; Part V, line ormation. HE INCOME UUPPORT OPER D INCOME IS	4; Part	X, line 2; Part XI, AS FOLLO ONS FOR T
PAR PAR PAR PAR PAR PAR PAR PAR DIND	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the control of the following the control of the part to provide the control of the	and 4; Part IV, lines 1 de any additional info JITY WITH T S USED TO S DOWMENT FUN FACILITY.	b and 2b; Part V, line ormation. HE INCOME UUPPORT OPER D INCOME IS	JSED RATI	X, line 2; Part XI, AS FOLLO ONS FOR T
PAR PALI AQU SUP	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the control of the c	and 4; Part IV, lines 1 de any additional info JITY WITH T S USED TO S DOWMENT FUN FACILITY.	b and 2b; Part V, line ormation. HE INCOME UUPPORT OPER D INCOME IS	JSED RATI	X, line 2; Part XI, AS FOLLO ONS FOR T
PAR PAR PAR PAR PAR PAR PAR PAR PAR PAR	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the control of the following the control of the part to provide the control of the	and 4; Part IV, lines 1 de any additional info JITY WITH T JUSED TO S DOWMENT FUN FACILITY. SB ACCOUNTI	b and 2b; Part V, line ormation. HE INCOME UUPPORT OPER D INCOME IS	4; Part	AS FOLLO ONS FOR T ED TO
Par Par Par Par Par Par Par Par Par Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the control of the following the control of the part to provide the control of the	and 4; Part IV, lines 1 de any additional info UITY WITH T USED TO S DOWMENT FUN FACILITY. BB ACCOUNTI	b and 2b; Part V, line ormation. THE INCOME UUPPORT OPER D INCOME IS NG STANDARD LUATED THE ACCORDANCE	4; Part	AS FOLLO ONS FOR T ED TO EVANT
PAR PAR PAR PAR COD PEC ACC FOR	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide the control of the part XII, lines 2d and 4b. Also complete this part to provide the control of	and 4; Part IV, lines 1 de any additional info UITY WITH T USED TO S OOWMENT FUN FACILITY. SB ACCOUNTI WED AND EVA SITIONS IN CD IN THE U	b and 2b; Part V, line ormation. HE INCOME UUPPORT OPER D INCOME IS NG STANDARD LUATED THE ACCORDANCE NITED STATE	4; Part USED RATI USE US: WITH	AS FOLLO ONS FOR T ED TO EVANT H

Schedule D (Form 990) 2016 MOTE MARINE LABORATORY, INC. Part XIII Supplemental Information (continued)	59-0756643 Page 5
ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL I	MPACT ON THE
FINANCIAL STATEMENTS OF THE LABORATORY.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN NET ASSETS OF MOTE MARINE FOUNDATION, INC.	705,605.
LOSS ON SALE OF SUBSIDIARY	-1,300,000.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-594,395.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD NETTED WITH SALES INCLUDED IN PART VIII	
FORM 990	-360,571.
SPECIAL EVENTS EXPENSES INCLUDED IN PART VIII FORM 990	-79,912.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-440,483.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD NETTED WITH SALES INCLUDED IN PART VIII	
FORM 990	360,571.
SPECIAL EVENTS EXPENSES INCLUDED IN PART VIII FORM 990	79,912.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	440,483.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** MOTE MARINE LABORATORY, INC. 59-0756643 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, ine 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations еL Internet and email solicitations Solicitation of government grants Phone solicitations c Special fundraising events In-person solicitations ď 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser or control of contributions? organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2016

		or fundraising event contributions and gr	oss income on Form 991	D-EZ, lines 1 and 6b. List	events with gross recei	pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			OCEANIC	RUN FOR THE		
			EVENING	TURTLES	2	(add col. (a) through
0			(event type)	(event type)	(total number)	col. (c))
Revenue						
ě	1	Gross receipts	83,295.	75,801.	91,168.	250,264.
_						
	2	Less: Contributions	55,980.	47,504.	47,098.	<u>150,582.</u>
	_					
_	3	Gross income (line 1 minus line 2)	27,315.	28,297.	44,070.	99,682.
		Cook prizes				
	4	Cash prizes				
	5	Noncash prizes				ļ
89	~	Monogon prizos			<u></u>	
ens	6	Rent/facility costs				
Direct Expenses	-	***************************************				
Ş	7	Food and beverages			28,830.	28,830.
ä						
	8	Entertainment				<u> </u>
	9	Other direct expenses		29,357.	17,589.	51,082.
	10	Direct expense summary. Add lines 4 through			>	79,912.
Pa	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			19,770.
Fe		II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 bit Form \$90-E2, line 6a.		(b) Pull tabs/instant		(D Total const. ()
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
3Ve					<u></u>	oon (a) anoagn oot (c))
ď	1	Gross revenue				
Ø	2	Cash prizes				
nse						
, X	3	Noncash prizes				
Direct Expenses						
Öje	4	Rent/facility costs				
_	_					
	5	Other direct expenses				·
	•	Volunteer labor	Yes %	Yes%	Yes %	
	0	volunteer (abo):	L No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	•	2 most experies duringly, Add mies 2 tillough	5 iii coldiiii (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		.	
			(4)			
9	Ente	er the state(s) in which the organization condu	cts gaming activities:			
а	ls th	ne organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b	lf "N	lo," explain:	<u> </u>			
		e any of the organization's gaming licenses re-			/ear?	Yes No
O	IT "Y	es," explain:				
	_			<u> </u>		
3208	2 09-	12-16			Schedule G (Form	n 990 or 990-EZ) 2016

Sch	nedule G (Form 990 or 990-EZ) 2016 MOTE MARINE LABORATORY, INC. 59-	756643	B Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
12			
	to administer charitable gaming?	Yes	☐ No
	Indicate the percentage of gaming activity conducted in:		
8	The organization's facility	13a	%
Ŀ	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
Ь	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	s If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pai	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	ies 9, 9b, 10	b, 15b,
	to the state of th		

Schedule G (Form 990 or 990-EZ) 2016

632083 09-12-16

Schedule G	(Form 990 or 990-EZ)	MOTE MARINE	LABORATORY,	INC.	59-0756643 Page 4
Part IV	Supplemental Info	MOTE MARINE prmation (continued)			
			 		
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SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered "Yes" on 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.

Open to Public OMB No. 1545-0047

Inspection

2 Employer identification number 59-0756643 PROTECT OUR REEFS GRANT ROTECT OUR REEFS GRANT PROTECT OUR REEFS GRANT PROTECT OUR REEFS GRANT PROTECT OUR REEFS GRANT PROTECT OUR REEFS GRANT (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) o. o, o o Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. criteria used to award the grants or assistance? recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 16,772 37,457 11, 115 15,525 9,694 5,818 65-0385507 THE STATE OF FLORIDA (c) IRC section (if applicable) INC. 59-0624458 501(C)(3) 53-0206027 501(C)(3) 59-1083502 501(C)(3) 501(C)(3) 501(C)(3) MOTE MARINE LABORATORY, Enter total number of other organizations listed in the line 1 table 59-2696402 59-0624412 General Information on Grants and Assistance (P) EIN 1 (a) Name and address of organization FLORIDA ATLANTIC UNIVERSITY 4600 RICKENBACKER CAUSEWAY FT. LAUDERDALE, FL 33314 or government SMITHSONIAN INSTITUTION JACKSONVILLE UNIVERSITY PO BOX 37012, MRC 1205 JACKSONVILLE, FL 32211 2800 UNIVERSITY BLVD WASHINGTON, DC 20013 BOCA RATON, FL 33431 Name of the organization 3301 COLLEGE AVENUE UNIVERSITY OF MIAMI KEY WEST, FL 33041 MIAMI FL 33149 NOVA UNIVERSITY 777 GLADES RD REBF RELIEF PO BOX 430 Part Part ุณ

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Schedule I (Form 990) (2016)

632101 11-01-16

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

Schedule (Form 990) MOTE MARINE LABORATORY, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)	NE LABORA Assistance to Go	TORY, INC.	nizations in the U	nited States (Sche	dule I (Form 990), Par		59-0756643 Page 1-
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECKERD COLLEGE 4200 54TH AVE S ST PETERSBURG, FL 33711	59-0859121	501(C)(3)	7,478,	0,			PROTECT OTT PREPS CDANT
	:						

632241 04-01-16

Schedule I (Form 990)

MOTE MARINE LABORATORY, INC. Schedule | (Form 990) (2016)

Page 2

59-0756643

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

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) THE CONSERVATION AND GRANTS ADVISORY COMMITTEE OF EIGHT INDIVIDUALS WITH BROAD Supplemental Information, Provide the information required in Part I, line 2; Part III, column (b); and any other additional information CROSBY PH.D. LABORATORY'S PROTECT OUR REEFS PROGRAM USING FUNDS COLLECTED FROM REEF THE FINAL DECISION AS TO WHICH PROPOSALS WILL BE MANAGEMENT. THE COMMITTEE EVALUATES AND RANKS EACH OF THE PROPOSALS DR. TO ELIGIBLE ORGANIZATIONS THROUGH MOTE MARINE FUNDED AND UNDER WHAT CONDITIONS WILL BE MADE BY MICHAEL CROSBY, (d) Amount of non-cash assistance ö o TO ASSIST HIM, EDUCATION, 172,871 68,000 (c) Amount of cash grant AND DIVERSE BACKGROUNDS IN CORAL REEF RESEARCH, EXECUTIVE OFFICER OF MOTE. (b) Number of recipients 54 (a) Type of grant or assistance LICENSE PLATE SALES. CHIEF GRANTS ARE AWARDED HAS ASSEMBLED A PRESIDENT AND LINE SCHOLARSHIPS H 632102 11-01-16 STIPENDS Part IV PART

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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. OMB No. 1545-0047

Open To Public Inspection

Name of the organization

MORE MARTHE LABORATORY

Employer identification number 59-0756643

		TUDOVU	TOKI, THE	•		<u>, , , , , , , , , , , , , , , , , , , </u>	, U ± 2	,
Pa	rt 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 1g	(d) Method of de noncash contribe	etermiı		ts [.]
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
-								
5	Clothing and household goods	X	1	2 000	FAIR MARKET	3 777	T III	
6	Cars and other vehicles	X	8					
7	Boats and planes	Δ		47,000.	FAIR MARKET	· VA	LUC	1
8	Intellectual property		4	250 004				
9	Securities - Publicly traded	X	4	250,094.	NYSE			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
13								
	Historic structures Qualified conservation contribution - Other							
14	***							
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>AQUARIUM EXHI</u>)	X	2	9,510.	FAIR MARKET	VA	LUE	
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part IV, D	onee Acknowledg	ement 29				
			-				Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	th 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?		·	•		30a		X
h	If "Yes," describe the arrangement in Part II.	* *************************************		***************************************	,	000		
31	Does the organization have a gift acceptance p	oolicy that re	auires the review o	of any nonstandard contribut	tions?	31	X	
	Does the organization hire or use third parties					01	-27	
oza						20-		v
L.	contributions?	•••••		,	***************************************	32a		<u>X</u>
		okumo /o\ £o.	a time of minimals.	for which actions for in the	akad			
33	If the organization didn't report an amount in c	olul I (C) 101	a type of property	ioi which column (a) is chec	Keu,			
	describe in Part II.		<u>-</u>					

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

Schedule M (Form 990) (2016)

Schedule M	(Form 990) (2016)	MOTE N	MARINE	LABORA'	TORY,	INC.			<u>59-075</u>	<u>6643</u>	Page 2
Part II	Supplemental is reporting in Part this part for any ad-	informat I, column (b ditional info	ion. Provide), the number rmation.	e the informa er of contribu	tion require tions, the n	ed by Part I, I number of ite	lines 30b, 32b ms received, (, and 33, a or a combin	nd whether ation of bot	the organiza h. Also com	tion plete
		-							-		
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632142 08-23-16									Schedule	M (Form 99	0) (2016)

632142 08-23-16

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

16 Open to Public Inspection

OMB No. 1545-0047

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, DESCRIPTION OF PROGRAM SERVICE:
RESEARCH
MOTE IS AN INDEPENDENT, NONPROFIT 501(C)(3) MARINE RESEARCH
ORGANIZATION WITH FIVE FLORIDA CAMPUSES FROM SARASOTA TO KEY WEST. AS
OF DECEMBER 2016, MOTE HAS MORE THAN 20 RESEARCH PROGRAMS CONDUCTING
WORLD-CLASS SCIENCE NOT ONLY IN OUR HOME COMMUNITY OF SOUTHWEST
FLORIDA, BUT IN THE OCEANS AROUND ALL SEVEN CONTINENTS.
MOTE HAS BEEN COMMITTED TO INNOVATIVE MARINE RESEARCH SINCE ITS
FOUNDING IN 1955. TODAY, MOTE REMAINS ONE OF THE FEW INDEPENDENT MARINE
LABS IN THE WORLD HAVING A GLOBAL IMPACT. AS SUCH, WE NURTURE THE
SCIENTIFIC 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
REATER PUBLIC UNDERSTANDING OF OUR MARINE ECOSYSTEMS.

Page 2 Name of the organization **Employer identification number** MOTE MARINE LABORATORY, INC. 59-0756643 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 UNIOUE AS ONE OF THE FEW INDEPENDENT SCIENTIFIC ORGANIZATIONS IN THE WORLD THAT COMBINES MARINE RESEARCH WITH PUBLIC OUTREACH FEATURING AN 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) MOTE'S RESEARCH ORIGINALLY FOCUSED ON SHARKS AND UNDERSTANDING THEIR BASIC BIOLOGY, BUT TODAY MOTE'S RESEARCH HAS EXPANDED TO INCLUDE THOUSANDS OF STUDIES THAT PROVIDE VITAL INFORMATION FOR RESOURCE MANAGERS AND THE PUBLIC. OVER 61 YEARS, MOTE HAS GROWN FROM A TINY SHED IN PLACIDA, FLORIDA, WHERE THE LEGENDARY SCIENTIST DR. EUGENIE CLARK - THE SHARK LADY -BEGAN THE OPERATION, TO A 10.5-ACRE CAMPUS ON SARASOTA BAY IN SARASOTA, FLORIDA, WITH FIELD STATIONS ON SUMMERLAND KEY IN THE FLORIDA KEYS, A 200-ACRE STATE-OF-THE-ART MOTE AQUACULTURE RESEARCH PARK IN EASTERN SARASOTA COUNTY, A BOCA GRANDE OFFICE DESIGNED TO CONNECT THE COMMUNITY WITH MOTE'S RESEARCH IN CHARLOTTE HARBOR, AND A PUBLIC CORAL REEF EXHIBIT IN KEY WEST. TODAY, MOTE HAS A STAFF OF 220 INCLUDING 34 DOCTORAL-LEVEL SCIENTISTS. MOTE ALSO MAINTAINS A FANTASTIC GROUP OF 1,524 VOLUNTEERS.

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Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
WWW.MOTE.ORG.)	
RESEARCH HIGHLIGHTS FROM 2016:	
HISTORIC FUNDRAISING CAMPAIGN EXCEEDS \$50-MILLION GOAL	
DURING 2016, MOTE MARINE LABORATORY BEGAN A NEW CHAPTER I	N ITS 61-YEAR
MISSION OF TODAY'S RESEARCH FOR TOMORROW'S OCEANS, THANKS	TO THE
HUMBLING GENEROSITY OF 23,000 SUPPORTERS. THESE SUPPORTER	S OF ALL AGES
COMMITTED NEARLY \$52 MILLION IN DONATIONS TO MOTE'S FIRST	-EVER
COMPREHENSIVE FUNDRAISING CAMPAIGN, OCEANS OF OPPORTUNITY	. FUNDS FROM
THE CAMPAIGN, WHICH CONCLUDED IN OCTOBER 2016, ARE HELPIN	G MOTE DEEPEN
ITS POSITIVE IMPACT ON THE GRAND CHALLENGES FACING OCEANS	LOCALLY AND
GLOBALLY, IN LINE WITH THE LAB'S 2020 VISION & STRATEGIC	PLAN.
	-
STUDY: GREENHOUSE GAS CAN ESCAPE DEEP OCEAN IN SURPRISING	WAY
IN JANUARY 2016, MOTE ANNOUNCED A PEER-REVIEWED STUDY THA	T HELPED
REVEAL A NEW PIECE OF THE GLOBAL CARBON CYCLE. ACCORDING	TO THE STUDY,
THE GREENHOUSE GAS CARBON DIOXIDE CAN EMERGE FROM DEEP-SE	A MUCK IN A
SURPRISING WAY - A PROCESS USUALLY DESCRIBED IN SHALLOWER	WATER. THE
RESULTS CALL INTO QUESTION SOME COMMON ASSUMPTIONS ABOUT	CARBON
CYCLING.	
UNDERSEA SEDIMENTS ARE IMPORTANT IN THE GLOBAL CARBON CYC	LE, WHICH MUST
BE UNDERSTOOD TO GRASP LARGE-SCALE PROCESSES LIKE CLIMATE	CHANGE.
THE JOURNAL ARTICLE IS: "IMPORTANCE OF MICROBIAL IRON RED	UCTION IN DEEP

SEDIMENTS OF RIVER-DOMINATED CONTINENTAL-MARGINS IN MARINE CHEMISTRY.

HTTPS://DOI.ORG/10.1016/J.MARCHEM.2015.12.003

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ATMOSPHERIC ADMINISTRATION (NOAA) CORAL REEF CONSERVATION PROGRAM.

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization **Employer identification number** MOTE MARINE LABORATORY, INC. 59-0756643 DEMOLITION AND CONSTRUCTION FOR MOTE'S NEW LAB IN KEYS MOTE BEGAN THE DEMOLITION OF ITS BUILDINGS IN THE FLORIDA KEYS ON FEB. 18 TO MAKE WAY FOR THE CONSTRUCTION OF ITS NEW INTERNATIONAL CENTER FOR CORAL REEF RESEARCH & RESTORATION. IN DECEMBER, MOTE CELEBRATED THE LAST STEPS OF OUTER CONSTRUCTION AND THE OFFICIAL OPENING WAS SCHEDULED FOR SPRING 2017. THE 19,000-SQUARE-FOOT FACILITY WILL MORE THAN DOUBLE MOTE'S RESEARCH AND EDUCATION SPACE AT ITS EXISTING CAMPUS ON SUMMERLAND KEY, FLORIDA. THIS CAMPUS HOSTS MOTE SCIENTISTS AND COLLABORATORS FROM AROUND THE WORLD, PARTICULARLY FOR STUDIES OF THREATS TO CORAL REEFS AND SCIENCE-BASED REEF RESTORATION EFFORTS. DEEPWATER HORIZON-RELATED RESEARCH PROGRESSES MOTE SCIENTISTS CONTINUED RESEARCH RELATED TO THE DEEPWATER HORIZON OIL SPILL, FOCUSING ON THREE IMPORTANT GULF OF MEXICO MARINE FISHES - RED DRUM, POMPANO AND SOUTHERN FLOUNDER. THESE STUDIES, USING DEEPWATER HORIZON OIL OR SOUTH LOUISIANA CRUDE OIL, ARE HELPING TO RIGOROUSLY DOCUMENT SPECIFIC WAYS THAT OIL CAN AFFECT IMMUNE AND REPRODUCTIVE HEALTH, VIABILITY OF OFFSPRING AND OTHER TRAITS IMPORTANT FOR MAINTAINING FISH POPULATIONS. TWO MOTE-LED STUDIES ARE REVEALING HOW OIL CAN AFFECT GULF OF MEXICO FISHES IN THE LAB - TO HELP INTERPRET POSSIBLE IMPACTS TO FISH EXPOSED TO OIL IN THE WILD. MOST IMPORTANTLY: THE LEVELS OF OIL USED IN THE LAB STUDY DID NOT KILL THE FISH OUTRIGHT, BUT THEY HAD SUBTLE IMPACTS ON VITAL FUNCTIONS SUCH AS THE ABILITY TO EFFECTIVELY REPRODUCE AND THE

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IMMUNE SYSTEM PROCESSES NEEDED FOR HEALTH. UNDERSTANDING SUCH

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization Employer identification number MOTE MARINE LABORATORY, INC. 59-0756643 "SUBLETHAL" IMPACTS IN THE LAB IS CRITICAL FOR DETECTING THEM IN WILD FISH AND SUSTAINING FISH POPULATIONS. IN A STUDY OF SPAWNING POMPANO: SURVIVAL OF OFFSPRING FROM PARENTS EXPOSED TO OIL IN THE LAB WAS SIGNIFICANTLY LESS THAN OFFSPRING FROM NON-EXPOSED PARENTS. IN ADDITION, SPERM MOTILITY WAS SIGNIFICANTLY IMPAIRED IN THE OIL-EXPOSED MALE POMPANO, WHICH WILL COMPROMISE REPRODUCTIVE SUCCESS. OVER FOUR DAYS, THE LIVER OF OIL-EXPOSED RED FISH (RED DRUM) ACCUMULATED TOTAL POLYCYCLIC AROMATIC HYDROCARBONS (OIL COMPONENTS) TWO ORDERS OF MAGNITUDE HIGHER THAN THEIR PRE-OIL STATUS. THE RESEARCHERS CHARACTERIZED THE GENE EXPRESSION IN THOSE SAME EXPOSED FISH, FINDING SIGNIFICANT DIFFERENCES IN EXPRESSION THAT INDICATE BOTH IMMUNOSUPPRESSION AND INCREASES IN OXIDATIVE STRESS IN THE LIVER FROM THIS EXPOSURE. NOT ALL FISH RESPOND TO OIL THE SAME WAY. RED FISH IN THE MOTE STUDY EXHIBITED DIFFERENT IMMUNE RESPONSES THAN THOSE REPORTED FROM OTHER FISH SPECIES EXPOSED TO OIL, ILLUSTRATING THE COMPLEXITIES IN UNDERSTANDING THE SUSTAINABILITY OF FISHERIES AND THEIR ECOSYSTEMS. STUDY RELEASED: YOUNG DOLPHIN MORTALITY FOLLOWING DEEPWATER HORIZON OIL SPILL RESEARCHERS HAVE BEEN CLOSELY MONITORING BOTTLENOSE DOLPHINS IN THE NORTHERN GULF OF MEXICO SINCE AN UNUSUAL MORTALITY EVENT (UME) BEGAN IN FEBRUARY 2010 AND FOLLOWING THE APRIL 2010 DEEPWATER HORIZON OIL SPILL. THE TEAM HAS REPORTED THAT PERINATAL DOLPHINS THROUGHOUT LOUISIANA,

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Page 2 Name of the organization **Employer identification number** MOTE MARINE LABORATORY, INC. 59-0756643 MISSISSIPPI, AND ALABAMA WERE SUSCEPTIBLE TO FETAL DISTRESS AND IN UTERO INFECTIONS DURING THE UME. IN A PEER-REVIEWED STUDY PUBLISHED APRIL 12, 2016, THE TEAM LINKED THE PERINATAL DEATHS TO POOR MATERNAL HEALTH FOLLOWING THE DEEPWATER HORIZON OIL SPILL. THE PAPER'S LEAD AUTHOR IS FROM UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN. CO-AUTHORS HAIL FROM THE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION (NOAA) AND OTHER INSTITUTIONS, INCLUDING MOTE MARINE LABORATORY. MOTE AND SEVERAL OTHER CONTRIBUTORS ARE PARTNERS IN THE MARINE MAMMAL STRANDING NETWORK OVERSEEN BY NOAA. NOAA'S APRIL 12 PRESS RELEASE. FIRST FISH SURVEY IN SARASOTA COUNTY CANAL SYSTEM IN APRIL 2016, MOTE RESEARCHERS ANNOUNCED THAT THEY WERE CONDUCTING THE FIRST SCIENTIFIC SURVEY OF FISHES IN HUMAN-MADE CANALS OF SARASOTA COUNTY. THESE CANALS WERE DESIGNED FOR FLOOD CONTROL, AND UNTIL THIS PROJECT, NO ONE HAD SYSTEMATICALLY STUDIED HOW THEY MIGHT BENEFIT NATIVE FISHERIES. IN APRIL THE RESEARCHERS USED SEINE NETS TO CATCH AND RELEASE FISH THROUGHOUT THE COUNTY'S LARGEST CANAL SYSTEM, WHICH DRAINS INTO PHILLIPPI CREEK, DOCUMENTING THE SPECIES DIVERSITY AND ABUNDANCE OF FISHES, ALONG WITH CHARACTERISTICS OF THEIR HABITATS. STUDY INVESTIGATES SHARK SURVIVAL AFTER THE HOOK RESEARCH BY MOTE SCIENTISTS, PUBLISHED IN THE PEER-REVIEWED JOURNAL FISHERIES RESEARCH, DEMONSTRATED THAT FITBIT-LIKE SENSORS ARE THE BEST TOOLS FOR MONITORING WHETHER SHARKS SURVIVE CATCH-AND-RELEASE FISHING -

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Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization **Employer identification number** MOTE MARINE LABORATORY, INC. 59-0756643 ESSENTIAL DATA FOR FISHERIES MANAGEMENT. THIS STUDY WAS THE FIRST TO SHOW THAT MOTION-SENSING ACCELEROMETER TAGS DETECT WHETHER A SHARK HAS SURVIVED AND HOW IT RECOVERS FROM CAPTURE STRESS WITH MUCH GREATER CERTAINTY THAN OTHER PREVAILING TECHNOLOGIES. HTTPS://DOI.ORG/10.1016/J.FISHRES.2016.06.003 CORAL RESTORATION PROJECT LAUNCHES IN KEY WEST IN JUNE, MOTE LAUNCHED A CORAL RESTORATION PROJECT AT FORT ZACHARY TAYLOR HISTORIC STATE PARK WITH PARTNERS FROM FLORIDA STATE PARKS AND THE NATIONAL OCEANIC ATMOSPHERIC ADMINISTRATION'S (NOAA'S) FLORIDA KEYS NATIONAL MARINE SANCTUARY, WITH FUNDING SUPPORT FROM THE MONROE COUNTY TOURIST DEVELOPMENT COUNCIL. THE PARTNERS PLANTED 5,500 FRAGMENTS OF BRAIN, MOUNTAINOUS STAR AND GREAT STAR CORALS DURING SUMMER 2016 IN PARK WATERS. TWO SPOTTED EAGLE RAYS TAGGED AND RELEASED FOR GULF OF MEXICO PROJECT IN 2016, MOTE SCIENTISTS PLACED ACOUSTIC TAGS ON 15 SPOTTED EAGLE RAYS IN SARASOTA, FLORIDA. A MAJORITY WERE DETECTED MULTIPLE TIMES AT NEW PASS AND/OR BIG PASS IN SARASOTA. THIS INDICATES THAT THESE LARGE RAYS HAVE A CERTAIN DEGREE OF RESIDENCY IN SARASOTA BAY. ALL OF THEM APPEARED TO HAVE LEFT IN THE LATER PART OF THE YEAR, SINCE A FLORIDA RED TIDE BLOOM BEGAN IN SEPTEMBER. SEVERAL OTHER SPECIES OF SMALLER. LESS MOBILE SHARKS AND RAYS SUCCUMBED TO THE RED TIDE, WHICH HAS CAUSED FISH KILLS THIS YEAR ALONG SOUTHWEST FLORIDA. SCIENTISTS AND TEENS RESTORE CORALS IN THE FLORIDA KEYS IN JULY 2016, TEEN MEMBERS OF SCUBANAUTS INTERNATIONAL JOINED MOTE

SCIENTISTS_TO PLANT 500 CORALS IN A RESTORATION AREA THAT MOTE HAS

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Schedule O (Form 990 or 990-EZ) (2016) Name of the organization **Employer identification number** MOTE MARINE LABORATORY, INC. 59-0756643 DEVELOPED WITHIN NOAA'S FLORIDA KEYS NATIONAL MARINE SANCTUARY. RECORD SEA TURTLE NESTING DOCUMENTED DURING JULY 2016 - MIDWAY THROUGH SEA TURTLE NESTING SEASON - MOTE SCIENTISTS ANNOUNCED A RECORD-BREAKING NUMBER OF NESTS ALONG MOTE-MONITORED BEACHES FROM LONGBOAT KEY THROUGH VENICE IN SARASOTA COUNTY. NESTING SEASON RUNS FROM MAY 1-OCT. 31 IN SOUTHWEST FLORIDA. BY THE TIME THIS YEAR'S NESTING SEASON CONCLUDED, THE FINALIZED COUNT HAD REACHED 4,588 NESTS - BREAKING THE 35-YEAR RECORD FOR MOTE-MONITORED BEACHES. MOTE'S SEA TURTLE CONSERVATION AND RESEARCH PROGRAM HAS COORDINATED CONSERVATION OF SEA TURTLES FOR 35 YEARS ON LONGBOAT KEY THROUGH VENICE. THIRD SARASOTA LIONFISH DERBY DIVERS REMOVED 429 INVASIVE LIONFISH FROM THE GULF OF MEXICO DURING THE THIRD ANNUAL SARASOTA LIONFISH DERBY, WHICH CULMINATED ON JULY 10, 2016, AT MOTE IN SARASOTA. MOTE TEAMED UP WITH REEF ENVIRONMENTAL EDUCATION FOUNDATION AND ZOOKEEPER TO HOLD THE EVENT FOR A SECOND YEAR. LOCAL CHEFS FROM INDIGENOUS RESTAURANT, MATTISON'S RESTAURANTS & CATERING, SEAFOOD SHACK AND BEACH HOUSE PREPARED TASTY LIONFISH DISHES THAT LIKELY SUPPORTED THE EXCELLENT ATTENDANCE - 300 VISITORS, UP FROM 60 AT THE 2015 DERBY. MOTE AND UNIVERSITY OF GUAM FORGE PARTNERSHIP FOR OCEAN RESEARCH ON AUG. 3, 2016, MOTE MARINE LABORATORY AND THE UNIVERSITY OF GUAM (UOG) MARINE LABORATORY FORGED A NEW PARTNERSHIP TO BENEFIT SCIENTISTS, STUDENTS AND FACULTY WHILE ENHANCING COLLABORATION IN MARINE RESEARCH

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AND SCIENCE EDUCATION.

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UNDER THE NEW MEMORANDUM OF UNDERSTANDING, MOTE AND UOG W	ILL EXPLORE
EXCITING OPPORTUNITIES TO PARTNER IN TEACHING, INTRODUCE	MORE
UNDERGRADUATE STUDENTS TO THE CUTTING-EDGE CORAL REEF SCI	ENCE AT MOTE'S
RESEARCH FACILITY ON SUMMERLAND KEY AND SHARE RESEARCH AN	D EDUCATION
FACILITIES AND INFRASTRUCTURE.	
HIGH SCHOOLERS FROM U.S. VIRGIN ISLANDS HELP MOTE SCIENTI	STS STUDY
CORALS	
HIGH SCHOOLERS FROM THE U.S. VIRGIN ISLANDS HELPED CONDUC	T CORAL REEF
RESEARCH FROM AUG. 12-18, 2016, IN THE FLORIDA KEYS, MENT	ORED BY A MOTE
SCIENTIST WHO RECEIVED A NATIONAL SCIENCE FOUNDATION (NSF) GRANT TO
STUDY THE VARIABILITY IN RESILIENCE OF CORALS AFFECTED BY	ENVIRONMENTAL
CHANGE.	
SIX STUDENTS FROM ST. CROIX AND ONE FROM THE FLORIDA KEYS	COLLECTED
CORAL-RELATED DATA AND EXPLORED KEYS ECOSYSTEMS WITH MOTE	STAFF
SCIENTIST DR. ERINN MULLER, WHO RECEIVED A FIVE-YEAR NSF	GRANT IN 2015
TO STUDY THREATENED STAGHORN CORAL. THIS GRANT IS FROM NS	F'S FACULTY
EARLY CAREER DEVELOPMENT (CAREER) PROGRAM, WHICH OFFERS P	RESTIGIOUS
AWARDS TO EXEMPLARY TEACHER-SCHOLARS THROUGH THE INTEGRAT	ION OF
EXCELLENT EDUCATION AND OUTSTANDING RESEARCH.	
INITIATIVE TO RESTORE ONE MILLION CORALS LAUNCHES IN THE	CARIBBEAN AND
FLORIDA KEYS	
ON SEPT. 12, 2016, MOTE MARINE LABORATORY AND THE NATURE	CONSERVANCY
LAUNCHED A CORAL CONSERVATION INITIATIVE THAT WILL ENABLE	CORAL
RESTORATION AT UNPRECEDENTED SCALES THROUGHOUT THE CARIBBE 632212 08-25-16 Sched	EAN AND THE ule O (Form 990 or 990-EZ) (2016)

Name of the organization Employer identification number MOTE MARINE LABORATORY, INC. 59-0756643 FLORIDA KEYS. THE COLLABORATION OFFICIALLY BEGAN WITH THE SIGNING OF A ONE-YEAR MEMORANDUM OF UNDERSTANDING (MOU), ENABLING THE FIRST STEPS IN A PROPOSED 15-YEAR INITIATIVE OF JOINT CORAL REEF RESTORATION AND CONSERVATION EFFORTS. THE GOALS OF THE INITIATIVE ARE TO RESTORE MORE THAN ONE MILLION CORALS ACROSS THE REGION'S REEFS, SHARE SCIENCE-BASED CORAL RESTORATION AND CONSERVATION PRACTICES AMONG U.S. AND INTERNATIONAL CARIBBEAN PARTNERS, AND CONSTRUCT NECESSARY FACILITIES SUCH AS CORAL GENE BANKS, WHICH PRESERVE GENETICALLY DIVERSE CORAL TISSUE AND HELP RESEARCHERS FIND STRAINS RESILIENT TO ENVIRONMENTAL CHANGE. THE SEPT. 12 MOU OFFICIALLY LAUNCHED ONE YEAR OF PLANNING AND PREPARATION, WHICH WILL INCLUDE GROWING 50,000 CORAL FRAGMENTS. SEAGRASS PROTECTION GOALS CLEARER THANKS TO CHARLOTTE HARBOR STUDY SEAGRASS BEDS - VITAL HABITAT FOR FLORIDA WILDLIFE - MAY DECLINE IF POOR WATER CLARITY OBSCURES THEIR SUNLIGHT. IN 2016, RESOURCE MANAGERS IN CHARLOTTE HARBOR HAD NEW TOOLS TO KEEP WATER CLARITY ON TARGET. THANKS TO A STUDY BY MOTE MARINE LABORATORY AND JANICKI ENVIRONMENTAL. INC. THE PEER-REVIEWED STUDY WAS FUNDED BY THE CHARLOTTE HARBOR NATIONAL ESTUARY PROGRAM (CHNEP) AND PUBLISHED IN THE SUMMER 2016 VOLUME OF FLORIDA SCIENTIST. THE STUDY PROVIDES NEW MATHEMATICAL MODELING TOOLS THAT ARE HELPING CHNEP AND PARTNERS PRODUCE A CONCISE AND EASY-TO-UNDERSTAND WATER CLARITY REPORT CARD FOR RESOURCE MANAGERS. SCIENTISTS AND MEMBERS OF THE PUBLIC WHO AIM TO SAFEGUARD CHARLOTTE HARBOR'S GREEN JEWEL: MORE THAN 62,000 ACRES OF SEAGRASS HABITAT. DOLPHIN AND WHALE RESCUERS RECEIVE FEDERAL GRANT IN SEPTEMBER 2016, MOTE ANNOUNCED THAT IT HAD RECEIVED \$96,929 FROM NOAA'S JOHN H. PRESCOTT MARINE MAMMAL RESCUE ASSISTANCE GRANT PROGRAM

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization Employer identification number MOTE MARINE LABORATORY, INC. 59-0756643 TO ENHANCE THE LAB'S VITAL CONTRIBUTIONS TO THE NATIONAL MARINE MAMMAL STRANDING NETWORK. MOTE'S STRANDING INVESTIGATIONS PROGRAM RESPONDS 24/7 TO REPORTS OF SICK, INJURED AND DEAD MARINE MAMMALS AND SEA TURTLES IN SARASOTA AND MANATEE COUNTIES IN FLORIDA. MOTE'S DOLPHIN & WHALE HOSPITAL AND SEA TURTLE REHABILITATION HOSPITAL PROVIDE EXCELLENT CARE TO THESE PROTECTED SPECIES, ALWAYS WITH THE GOAL OF RETURNING THEM TO THE WILD. TOGETHER, THESE PROGRAMS HAVE RESPONDED TO MORE THAN 1.400 SEA TURTLE STRANDINGS AND MORE THAN 680 DOLPHIN AND WHALE STRANDINGS OF 25 SPECIES. SINCE 2010, MOTE HAS RECEIVED AN AVERAGE OF 495 CALLS PER YEAR AND RESPONDED TO AND RECOVERED A TOTAL OF 620 STRANDED SEA TURTLES, 67 DOLPHINS OR WHALES, AND THREE MASS-STRANDINGS OF DOLPHINS, WHILE ALSO ASSISTING IN THE RESPONSE TO 195 MANATEES. MULTIPLE RED TIDE PROJECTS PROGRESSED IN 2016 WITH A SIGNIFICANT BLOOM OF FLORIDA RED TIDE ALGAE, K. BREVIS, ALONG SOUTHWEST FLORIDA STARTING IN SEPTEMBER 2016, MOTE SCIENTISTS WORKED DILIGENTLY TO ADVANCE NUMEROUS RED TIDE-RELATED RESEARCH PROJECTS. MOTE'S BEACH CONDITIONS REPORTING SYSTEM (WWW.VISITBEACHES.ORG) PROVIDES REAL-TIME UPDATES ON FLORIDA RED TIDE IMPACTS - RESPIRATORY IRRITATION FROM RED TIDE AND DEAD FISH - AND OTHER CONDITIONS AT 31 GULF-COAST BEACHES. THE REPORT EXPANDED ITS COVERAGE IN NOVEMBER 2016, AND MOTE SCIENTISTS WORKED TO CREATE A NEW APP EXPECTED I 2017: A CITIZEN-SCIENCE APP THAT WILL ALLOW ANY IPHONE OR ANDROID USER TO CONTRIBUTE THEIR BEACH OBSERVATIONS, HELPING MORE PEOPLE FIND THE BEST

BEACH ON A GIVEN DAY.

MOTE'S OCEAN TECHNOLOGY RESEARCH PROGRAM WORKED TOWARD DEVELOPMENT OF A

NEW TOOL TO DETECT RED TIDE TOXINS, WHICH CAN KILL FISH AND CAUSE

RESPIRATORY IRRITATION IN PEOPLE. THIS TEST, CALLED HIGH-PERFORMANCE

LIQUID CHROMATOGRAPHY, IS ALREADY USED WITH RED TIDE TOXINS IN LABS,

AND MOTE SCIENTISTS ULTIMATELY AIM TO EQUIP IT FOR DEPLOYMENT AT SEA
WHERE IT COULD ENHANCE REAL-TIME, PUBLIC INFORMATION ON THE TOXICITY OF

BLOOMS.

ONGOING RESEARCH BY MOTE'S ECOTOXICOLOGY PROGRAM SUGGESTS THAT WHELKS SHELLFISH SOME PEOPLE HARVEST RECREATIONALLY - MAY ACCUMULATE RED TIDE

TOXINS FROM THEIR PREY AND RETAIN THEM FOR MONTHS. IN FUTURE WORK, MOTE
WILL FOCUS ON SUNRAY VENUS CLAMS, ANOTHER FLORIDA SHELLFISH OF EMERGING
COMMERCIAL INTEREST.

WATER SAMPLES FROM MOTE AND OTHERS CONTRIBUTE TO WEEKLY, STATEWIDE RED

TIDE REPORTS FROM THE FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION

AT WWW.MYFWC.COM/REDTIDESTATUS. IN MAY 2016, RESEARCHERS FROM MULTIPLE

INSTITUTIONS ANNOUNCED THEIR EFFORT TO FINE-TUNE RED TIDE FORECASTING,

WHICH WILL ULTIMATELY INVOLVE A SPECIAL MICROSCOPE SETUP AND A NEW

SMARTPHONE APP TO IDENTIFY K. BREVIS IN VIDEOS OF WATER SAMPLES

COLLECTED RIGHT ON THE BEACH.

OCEARCH AND COLLABORATING SCIENTISTS - INCLUDING MOTE MARINE LABORATORY
RESEARCHERS - TAGGED AND SAMPLED SIX GREAT WHITE SHARKS OFF NANTUCKET,

MASSACHUSETTS, DURING AN EXPEDITION THAT WRAPPED UP IN OCTOBER 2016.

RESULTING DATA WILL HELP RESEARCHERS BETTER UNDERSTAND THE NORTH
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SIX GREAT WHITE SHARKS TAGGED OFF NANTUCKET

Name of the organization **Employer identification number** MOTE MARINE LABORATORY, INC. 59-0756643 ATLANTIC WHITE SHARK POPULATION. TWO OF THE TAGGED SHARKS ARE MALES -THE FIRST SATELLITE TAGGED IN THE REGION. MOTE RECEIVES NFWF GRANT TO ELECTRONICALLY MONITOR FISHERIES IN THE GULF OF MEXICO IN OCTOBER 2016, MOTE SCIENTISTS ANNOUNCED THEIR NEW GRANT OF MORE THAN \$500,000 FROM THE NATIONAL FISH AND WILDLIFE FOUNDATION (NFWF) TO CONTINUE ADVANCING ELECTRONIC MONITORING OF FISHERIES IN THE GULF OF MEXICO. INTERNATIONAL TEAM DOCUMENTS SAUDI ARABIA'S MYSTERIOUS CORAL REEFS U.S. AND SAUDI ARABIAN SCIENTISTS LAUNCHED THE MOST EXTENSIVE BASELINE SURVEY TO-DATE OF CORAL REEF ECOSYSTEMS ALONG THE SAUDI COAST OF THE GULF OF AQABA DURING LATE SEPTEMBER 2016 - INVESTIGATING MULTIPLE REEF SPECIES IN DETAIL TO SUPPORT CONSERVATION. EXPEDITION PARTNERS FROM MOTE MARINE LABORATORY IN FLORIDA AND KING ABDULAZIZ UNIVERSITY (KAU) IN JEDDAH, SAUDI ARABIA, FOCUSED ON CORAL ABUNDANCE, DIVERSITY AND STRESS, ALONG WITH THE ABUNDANCE AND DIVERSITY OF BUTTERFLYFISH, SEA URCHINS, SEAGRASSES AND OTHER SPECIES THAT MAY INDICATE THE HEALTH OF THIS CRITICAL ENVIRONMENT. INVESTIGATING A DEEP, BLUE OASIS MOTE SCIENTISTS JIM CULTER AND DR. EMILY HALL ADVANCED THEIR RESEARCH ON BLUE HOLES - UNDERSEA CAVERNS, SPRINGS OR SINKHOLES - THROUGH A SERIES OF DIVES. THEY WANT TO LEARN WHETHER BLUE HOLES, WHICH NATURALLY CONTAIN MORE ACIDIC WATER THAN THE OPEN OCEAN, CAN SERVE AS "NATURAL LABORATORIES" TO STUDY A HUMAN-CAUSED ENVIRONMENTAL CHALLENGE, OCEAN

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Name of the organization Employer identification number MOTE MARINE LABORATORY, INC. 59-0756643 ACIDIFICATION (OA). GULF FISH AND WILDLIFE PATHWAYS REVEALED IN NEW REPORT IN NOVEMBER 2016, THE NATURE CONSERVANCY ANNOUNCED A NEW REPORT ON "BLUEWAYS," OR MIGRATION HIGHWAYS, USED BY MULTIPLE SPECIES IN THE GULF OF MEXICO. THE REPORT ASSESSED GULF MIGRATORY AREAS FOR 26 SPECIES, INCLUDING FISH, SEA TURTLES, BIRDS AND MARINE MAMMALS THAT SPEND ALL OR PART OF THEIR TIME IN THE GULF. SCIENTISTS FROM MULTIPLE INSTITUTIONS CONTRIBUTED DATA AND RESOURCES, INCLUDING MOTE MARINE LABORATORY RESEARCHERS WHO HAVE FITTED WHALE SHARKS - EARTH'S LARGEST FISH - WITH SATELLITE-LINKED TAGS TO TRACK THEIR MIGRATIONS. READ THE NATURE CONSERVANCY'S REPORT. MOTE HOSTS SECOND FORUM ON HOW SCIENTIST AND COMMUNITY PARTNERSHIPS BENEFIT THE MARINE ENVIRONMENT ON NOV. 3, 2016, MOTE HOSTED A PUBLIC FORUM ON SCIENCE AND SOCIETY IN SARASOTA, FLORIDA, FOCUSING ON CASE STUDIES OF MOTE'S VOLUNTEER CITIZEN-SCIENCE PARTNERSHIPS WITH THEIR COLLEAGUES FROM JAPAN AND FEATURING SEVERAL EFFORTS WITH RECENT SUCCESSES AND OPPORTUNITIES WITH CITIZEN-SCIENCE PROGRAMS IN FLORIDA AND BEYOND. ONE EXCITING ANNOUNCEMENT FROM THE FORUM: A NEW SCUBANAUTS INTERNATIONAL CHAPTER FOR YOUTH DIVERS AGES 12-18 IS BEING PLANNED AT MOTE IN SARASOTA. MOTE SCIENTIST AWARDED GRANT TO STUDY HOW IRON INFLUENCES HARMFUL ALGAL BLOOMS

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DR. JORDON BECKLER, MANAGER OF MOTE'S OCEAN TECHNOLOGY RE	SEARCH					
PROGRAM, IS STUDYING HOW IRON MAY AFFECT HARMFUL ALGAL BLOOMS (HABS) IN						
THE GULF OF MEXICO, THANKS TO A \$76,000, TWO-YEAR EARLY-CAREER RESEARCH						
FELLOWSHIP AWARDED BY THE GULF RESEARCH PROGRAM OF THE NA	TIONAL					
ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE.						
BECKLER AIMS TO STUDY HOW IRON MAY ENTER THE MARINE ENVIR	ONMENT AND					
INCREASE THE GROWTH OF HABS, LIKE K. BREVIS RED TIDE, TO	HELP					
UNDERSTAND WHY BLOOMS FORM AND PERSIST.						
SNOOK RELEASED FOR FISHERIES STUDY						
IN 2016, MOTE SCIENTISTS TAGGED AND RELEASED ABOUT 3,256	JUVENILE					
COMMON SNOOK BORN AND RAISED AT MOTE AQUACULTURE RESEARCH	PARK (MAP)					
INTO THE WILD IN SOUTHWEST FLORIDA. THEY ARE STUDYING AND	TESTING					
HABITAT-USE PATTERNS OF TAGGED JUVENILE SNOOK WITH THE US	E OF					
SOLAR-POWERED ANTENNA ARRAYS, WHICH COULD HELP SUSTAIN SNO	OOK					
POPULATIONS IN THE FUTURE.						
FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVI	Œ:					
AQUARIUM						
MOTE AQUARIUM IS THE PUBLIC OUTREACH ARM OF MOTE MARINE LA	ABORATORY,					
DISPLAYING MORE THAN 100 MARINE SPECIES WITH A FOCUS ON LO	CAL MARINE					
LIFE. WHILE MOTE MARINE LABORATORY WAS ESTABLISHED IN 1955	, THE					
AQUARIUM OPENED IN 1980 ON CITY ISLAND IN SARASOTA BAY. MO	TE AQUARIUM					
IS THE MAIN VENUE THROUGH WHICH MOTE MARINE LABORATORY COM	MUNICATES ITS					

632212 08-25-16

THE EXHIBIT IS LOCATED AT MOTE'S ANN AND ALFRED GOLDSTEIN MARINE MAMMAL 632212 08-25-16

TRAINING SESSIONS. VISITORS CAN ALSO LISTEN TO A NARRATED TRAINING

SESSION AT 1:30 P.M. DAILY.

Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
RESEARCH AND REHABILITATION CENTER.	
· · · · · · · · · · · · · · · · · · ·	
IN 2016, MOTE AQUARIUM ALSO DEBUTED ITS NEW EXHIBIT FLORI	DA'S CORAL
REEFS, WHICH OPENED TO THE PUBLIC SATURDAY, AUG. 13, 2016	
GUESTS ARE ABLE TO OBSERVE 15 DIFFERENT SPECIES OF CORALS	FOUND ON
FLORIDA REEFS AND MANY SPECIES OF FISH AND OTHER COLORFUL	CREATURES: A
SNAPSHOT OF THE DRAMATIC BEAUTY OF FLORIDA KEYS REEFS. EN	JOY THE
FASCINATING FEATURES, AND LEARN HOW CORAL REEFS ARE DOING	S IN THE WILD,
AND HOW MOTE SCIENTISTS ARE WORKING ON RESTORATION PROJEC	CTS THAT AIM TO
HELP BRING THEM BACK FROM THE BRINK.	
CORAL REEF RESTORATION IS A PRIORITY OF MOTE'S WORLD-CLAS	S RESEARCH
FOCUSED ON THE CONSERVATION AND SUSTAINABLE USE OF OUR OC	CEAN'S NATURAL
RESOURCES. TODAY, CORALS ARE FACING THREATENING CHALLENGE	S INCLUDING
WIDESPREAD AND DIVERSE CORAL DISEASE, INCREASING OCEAN TE	MPERATURE,
OCEAN ACIDIFICATION AND CORAL BLEACHING. THIS EXHIBIT AIM	IS TO TEACH
VISITORS ABOUT THESE THREATS AND WHAT MOTE SCIENTISTS ARE	DOING TO
LEARN MORE ABOUT THEM.	
MOTE AQUARIUM ALSO DISPLAYS OTHER MARINE SPECIES, INCLUDI	ING SHARKS,
FISH OF ALL SHAPES AND SIZES, MOLLUSKS, CRUSTACEANS AND M	ORE. 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, STINGRA	YS AND OTHER
SPECIES. GUESTS CAN ENJOY EDUCATIONAL AND INTERACTIVE EXP	IBITS ENRICHED
BY TRAINED VOLUNTEER DOCENTS THROUGHOUT THE AQUARIUM WHO	ASSIST
VISITORS AND ANSWER QUESTIONS. SPECIAL ATTRACTIONS INCLUI	DE NARRATED dule O (Form 990 or 990-EZ) (2016)

MOTE MARINE LABORATORY, INC.

Employer identification number

59-0756643

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 TURTLES AND DOLPHINS THAT CANNOT BE RETURNED TO THE WILD. THESE 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 AOUARIUM 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, FLORIDA-BASED FACILITIES SINCE 1984. MOTE'S DOLPHIN AND WHALE HOSPITAL HAS CARED FOR 71 MARINE MAMMALS.

Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
MOTE HAS BEEN REHABILITATING SICK AND INJURED SEA TURTLES	SINCE 1995.
WE HAVE TREATED MORE THAN 565 SEA TURTLE PATIENTS AND REL	EASED
APPROXIMATELY 301 OF THOSE TURTLE PATIENTS. OUT OF THAT N	UMBER, 205 SEA
TURTLES SUFFERED FROM FIBROPAPILLOMA TUMORS AND 72 WERE B	EEN RELEASED.
FIBROPAPILLOMA TUMORS ARE BELIEVED TO BE CAUSED BY A VIRU	S AND, BECAUSE
THE TRANSMISSION MECHANISM FOR THIS DISEASE REMAIN UNKNOW	N, THE
FACILITIES WHERE THESE TURTLES ARE TREATED ARE SEPARATE F	ROM OUR OTHER
TURTLE TREATMENT FACILITIES. MOTE IS ONE OF ONLY FOUR FAC	ILITIES IN
FLORIDA THAT IS ABLE TO PROVIDE THIS SPECIALIZED CARE.	
MOTE DOES PROVIDE LONG-TERM CARE TO A LIMITED NUMBER OF M	ARINE MAMMALS
AND SEA TURTLES THAT ARE DEEMED BY FEDERAL AND STATE OFFI	CIALS AS NOT
ABLE TO SURVIVE IN THE WILD DUE TO THE NATURE OF THEIR IN	JURIES.
HOWEVER, OUR PRIMARY GOAL IS TO PROVIDE THE MOST HUMANE T	REATMENT
POSSIBLE FOR LIVE-STRANDED DOLPHINS, WHALES, AND SEA TURT	LES,
REHABILITATE AND RELEASE THEM. THIS STRATEGY CREATES A BE	TTER
SCIENTIFIC UNDERSTANDING OF THESE ANIMALS AND THEIR NEEDS	IN ORDER TO
SUPPORT CONSERVATION OF THESE SPECIES IN THE WILD.	
FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVI	CE:
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 TODAY 632212 08-25-16 Sched	Y ' S YOUTH , WE ule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page
Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification numbe 59-0756643
ALSO OFFER PROGRAMS TO PROVIDE ADULTS WITH LIFE-LONG OPPO	RTUNITIES FOR
PUBLIC ENGAGEMENT IN MARINE SCIENCE, LIKE AN ANNUAL SPECI	AL LECTURE
SERIES AND SCIENCE CAFES.	
	<u> </u>
MOTE'S ANNUAL SPECIAL LECTURE SERIES, GRACIOUSLY SPONSORE	D BY LOCAL
PHILANTHROPISTS, SHOWCASES AN EXCITING SPEAKER LIST OF TO	P SCIENTISTS
AND EXPLORERS EACH YEAR THAT DRAWS THOUSANDS OF LOCAL RES	IDENTS TO
LEARN MORE ABOUT OCEAN-RELATED TOPICS.	<u> </u>
MOTE ALSO PRESENTS ON-SITE EXPERIENCES FOR STUDENTS THROU	GH SCHOOL AND
PUBLIC PROGRAMS, SUMMER CAMPS AND INTERNSHIP PROGRAMS - I	NCLUDING THE
NATIONAL SCIENCE FOUNDATION-FUNDED RESEARCH EXPERIENCES FO	OR
UNDERGRADUATES (REU), WHICH ALLOWS UNDERGRADUATE COLLEGE	STUDENTS THE
OPPORTUNITY TO UNDERTAKE SCIENTIFIC STUDIES UNDER THE DIR	ECT MENTORSHIP
OF A PH.DLEVEL RESEARCHER. IN 2016, MOTE CELEBRATED ITS	THIRTEENTH
SUCCESSFUL YEAR OF HOSTING THIS NATIONAL SCIENCE FOUNDATION	ON-FUNDED
PROGRAM, WHICH IS DESIGNED TO ENCOURAGE STUDENTS INTEREST	ED IN STEM
FIELDS.	
MOTE'S VARIOUS SCHOOL PROGRAMS (ONSITE AND OUTREACH) REACH	HED 43,765
STUDENTS IN 2016. THE LAB'S MOBILE PUBLIC PROGRAMS AND TRA	AVELING
EXHIBITS REACHED AN ADDITIONAL 18,149 PEOPLE WITH PUBLIC I	PROGRAMS
REACHING 3,069 PEOPLE.	
DURING THE 2016-2017 SCHOOL YEAR, MOTE TEAMED UP WITH THRE	<u> </u>
SARASOTA-MANATEE UNIVERSITIES TO OFFER 16 LOCAL UNIVERSITY	STUDENTS AN
INTENSIVE MARINE SCIENCE INTERNSHIP EXPERIENCE. THE MOTE F	REU-USFSM
PROGRAM GREW FROM THE ONGOING EDUCATIONAL PARTNERSHIP BETW	VEEN MOTE AND

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Page 2 Employer identification number Name of the organization 59-0756643 MOTE MARINE LABORATORY, INC. UNIVERSITY OF SOUTH FLORIDA SARASOTA-MANATEE (USFSM). THE PROGRAM PROVIDES PAID RESEARCH-TRAINING EXPERIENCES TO UNDERGRADUATE STUDENTS WHO ARE ENROLLED IN USFSM COURSES. FUNDING SUPPORT FOR ALL REU-USFSM INTERNS IS PROVIDED BY THE STATE OF FLORIDA WITH THE GOAL OF ADVANCING STEM EDUCATION. INTERNS ARE EXPECTED TO COMPLETE A MINIMUM OF 160 HOURS OF RESEARCH EXPERIENCE BETWEEN THE FALL AND SPRING SEMESTER. START AND END DATES DURING THIS PERIOD ARE TAILORED TO SPECIFIC RESEARCH PROJECTS. IN 2016, NINE STUDENTS WERE GIVEN THE OPPORTUNITY TO STUDY MARINE SCIENCE AT MOTE THANKS TO THE GENEROSITY OF KEITH AND LINDA MONDA. FOUR OF THE STUDENTS WERE PART OF MOTE'S REU PROGRAM AND FIVE OF THE STUDENTS WERE PART OF MOTE'S AND THE NATURE CONSERVANCY'S RESEARCH EXPERIENCES FOR UNDERGRADUATES - LEAF ALUMNI PROGRAM, WHICH OFFERS HIGH SCHOOL STUDENTS WHO PARTICIPATED IN THE CONSERVANCY'S HIGH SCHOOL INTERNSHIP PROGRAM, LEADERS IN ENVIRONMENTAL ACTION FOR THE FUTURE (LEAF), A WAY TO CONTINUE THEIR INTERNSHIP EXPERIENCES AS COLLEGE UNDERGRADUATE STUDENTS. THE TWO INTERNSHIP PROGRAMS CONSIST OF 10 WEEKS OF RESEARCH-BASED EXPERIENCE DESIGNED TO PROVIDE HANDS-ON OPPORTUNITIES FOR STUDENTS TO CONDUCT SCIENTIFIC RESEARCH UNDER THE MENTORSHIP OF MOTE SCIENTISTS. IN APRIL 2016, MOTE MARINE LABORATORY'S DIGITAL LEARNING PROGRAM, SEATREK.TV INTERACTIVE, EARNED THE HIGHEST AWARD IN EDUCATIONAL, INTERACTIVE VIDEOCONFERENCING, THE PINNACLE AWARD, FOR THE 2015-2016 Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
SCHOOL YEAR FROM THE CENTER FOR INTERACTIVE LEARNING AND	COLLABORATION
(CILC).	
THE PINNACLE AWARD IS GIVEN ANNUALLY BY THE CILC TO ORGAN	IZATIONS THAT
RECEIVE OUTSTANDING SCORES ON PROGRAM EVALUATIONS SUBMITT	ED BY
EDUCATORS. THE AWARD RECOGNIZES REMARKABLE QUALITY OF EDU	CATIONAL
CONTENT AND EXCEPTIONAL SKILL AT PROGRAM DELIVERY.	
SEATREK.TV BRINGS MOTE'S RESEARCH, ANIMALS AND EXHIBITS T	O CLASSROOM
LEARNERS USING AFFORDABLE, EASY-TO-USE DISTANCE LEARNING	TECHNOLOGY.
THESE VIRTUAL FIELD TRIPS ARE AN EXCITING WAY TO ENGAGE L	EARNERS WITH
STEM TOPICS. DIVE INTO MOTE AQUARIUM AND CHAT WITH A SHAR	K SPECIALIST.
OR EXPLORE THE FLORIDA KEYS AND MAKE OBSERVATIONS LIKE A	
REEF SCIENTIST. IN 2016, MOTE'S DIGITAL LEARNING PROGRAMS	
PEOPLE.	
ONE OF MOTE'S GOALS, OUTLINED IN ITS 2020 VISION AND STRA	TEGIC PLAN, IS
TO HELP YOUTH CONNECT WITH THE ENVIRONMENT IN FUN, INTERA	CTIVE AND
MEANINGFUL WAYS, WITH A SPECIAL FOCUS ON CHILDREN WHO MAY	NOT OTHERWISE
HAVE THE OPPORTUNITY TO LEARN ABOUT MARINE SCIENCE AND IT	
OUR FUTURE. MOTE IS ABLE TO PROVIDE FREE EDUCATION AND FU	
COMMUNITY AS A RESULT OF ITS GENEROUS DONORS AND THE VALU	
PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS. THROUGH MOTE'S	
OUTREACH WITH STRATEGIC COMMUNITY PARTNERS, 5,768 STUDENT	
ORGANIZATIONS INCLUDING AMI KIDS; BOOKER HIGH SCHOOL; BOY	
SARASOTA; EASTER SEALS; GIRLS, INC.; HARVEST HOUSE; JUST	
LAUREL AFTER SCHOOL PROGRAM; PACE; RL TAYLOR COMMUNITY CO	
SALVATION ARMY; TRIAD ALTERNATIVE SCHOOL; Y-DASH MANATEE	

Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
YMCA SARASOTA PROGRAMS WERE GIVEN THE OPPORTUNITY TO LEAF	N ABOUT MARINE
SCIENCE IN A FUN AND ENGAGING WAY.	
MOTE'S SUMMER CAMPS, WHICH OFFER MORE OPPORTUNITIES FOR E	IDS TO LEARN
ABOUT THEIR LOCAL WATERS, FROM THE BEAUTIFUL SARASOTA BAY	TO THE
FLORIDA KEYS, IN A FUN AND ENGAGING WAY, REACHED 973 ENRO	LLED
PARTICIPANTS.	
MOTE VOLUNTEERS ALSO PLAY A STRONG ROLE IN HELPING MOTE T	O ACCOMPLISH
ITS MISSION BY SHARING THEIR TIME AND EXPERTISE AS AQUARI	UM DOCENTS,
BEHIND-THE-SCENES CONTRIBUTORS AND EVEN LABORATORY RESEAS	CH ASSISTANTS.
IN 2016, 1,179 VOLUNTEERS CONTRIBUTED MORE THAN 92,329 SE	RVICE HOURS TO
MOTE.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
PROTECT OUR REEFS	_
FLORIDA'S REEFS - WHICH FORM THE ONLY BARRIER REEF SYSTEM	I IN THE
CONTINENTAL U.S UNDERPIN THE STATE'S MARINE ECOSYSTEMS	WHILE
BRINGING \$6.3 BILLION TO ITS ECONOMY AND PROTECTING ITS C	OASTLINES FROM
MAJOR STORMS. SADLY, IN SOME AREAS OF FLORIDA AND THE CAR	IBBEAN, CORAL
COVER HAS DECLINED BY 50-80 PERCENT IN JUST THE LAST THRE	E DECADES DUE
TO NATURAL OCCURRENCES AND HUMAN IMPACTS SUCH AS CLIMATE	CHANGE, OCEAN
ACIDIFICATION, POLLUTION AND MORE.	

Page 2 **Employer identification number** Name of the organization 59-0756643 MOTE MARINE LABORATORY, INC. EDUCATION AND CONSERVATION EFFORTS CAN HELP REDUCE HUMAN IMPACT ON THESE PRECIOUS RESOURCES, AND INNOVATIVE CORAL RESTORATION RESEARCH CAN HELP BRING CORAL REEFS BACK FROM THE BRINK OF DISAPPEARING FROM OUR OCEANS. 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 2016, THE PROTECT OUR REEFS LICENSE PLATE SALES RAISED \$\$359,925 FOR GRANTS FOCUSED ON CORAL REEF RESEARCH, RESTORATION, EDUCATION AND CONSERVATION. THESE EFFORTS ARE HELPING SOCIETY GAIN A MORE COMPREHENSIVE PICTURE OF WHY CORALS ARE IN DECLINE AND THE FACTORS THAT KEEP CORALS HEALTHY. THE OUTREACH PROGRAMS HELP FLORIDA RESIDENTS AND TOURISTS BETTER UNDERSTAND CORAL REEF ECOSYSTEMS AND HOW HUMAN ACTIVITY AFFECTS THEM AND HOW THEY CAN PROACTIVELY ASSIST IN PROTECTING AND

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RESTORING CORAL REEFS.

Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
HOIL MAKINE DADORATORI, INC.	33 0730023
FLORIDA DRIVERS WHO PURCHASE THE STATE'S PROTECT OUR REEF	S SPECIALTY
LICENSE PLATE ARE SUPPORTING PROGRAMS LIKE THIS THAT HELP	US ATTACK
CORAL REEF PROBLEMS ON A NUMBER OF FRONTS.	
AQUACULTURE RESEARCH PARK	
MOTE AQUACULTURE RESEARCH PARK FACILITY OPERATIONS	
MOTE HAS A 200-ACRE, STATE-OF-THE-ART AQUACULTURE RESEARC	H FACILITY
SUPPORTING THE CONSERVATION OF THE WORLD'S FISHERIES AND	SUSTAINABLE
SEAFOOD PRODUCTION. THE PARK INCLUDES MORE THAN 125,000 S	QUARE FEET OF
RESEARCH AND DEVELOPMENT FACILITIES DEDICATED TO MOTE'S M	ARINE AND
FRESHWATER AQUACULTURE RESEARCH PROGRAM AND SUPPORTING TH	E WORK OF
RELATED MOTE PROGRAMS FOCUSING ON FISHERIES ENHANCEMENT,	MICROBIAL
ECOLOGY AND ECOTOXICOLOGY.	
AT THE PARK, MOTE SCIENTISTS STUDY THE GROWTH, DEVELOPMEN	T, SPAWNING,
HEALTH, AND OTHER CHARACTERISTICS OF SALTWATER SPECIES, S	UCH AS COMMON
SNOOK, POMPANO, RED DRUM AND ALMACO JACK FOR RESTOCKING P	ROGRAMS AND
FOR SUSTAINABLE SEAFOOD PRODUCTION.	
MOTE SCIENTISTS ARE ALSO STUDYING OIL-SPILL IMPACTS ON FI	SH HEALTH AT
MOTE AQUACULTURE RESEARCH PARK. THESE CONTROLLED, EXPOSUR	E STUDIES
BEGAN IN THE WAKE OF THE DEEPWATER HORIZON OIL SPILL AND	ARE DESIGNED
TO SUPPORT DEVELOPMENT OF RAPID HEALTH-DIAGNOSTIC TESTS B.	ASED ON
SUB-LETHAL RESPONSES THAT WILL BETTER PREDICT SHORT- AND	LONG-TERM
IMPACTS OF OIL EXPOSURE IN GULF OF MEXICO FISHES. MOTE SE	NIOR SCIENTIST
DR. KEVAN MAIN, MANAGER OF THE MARINE AND FRESHWATER AQUA	CULTURE Jule O (Form 990 or 990-EZ) (2016)

MOTE'S 2016 RESEARCH DEMONSTRATED THAT EXCESS MULLET FROM THE LOCAL

CORTEZ COMMERCIAL FISHERY COULD BE USED TO PRODUCE A HEALTHY COMMERCIAL

DIET FOR A FARMED, FRESHWATER FISH - A MAJOR FIRST STEP TOWARD NEW

INCOME OPPORTUNITIES FOR WEST FLORIDA'S HERITAGE MULLET FISHERIES AND

AN IMPORTANT LINE OF RESEARCH THE LAB PLANS TO CONTINUE WITH MARINE

FISH.

IN 2016, MOTE SCIENTISTS TAGGED AND RELEASED ABOUT 3,256 JUVENILE

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
COMMON SNOOK BORN AND RAISED AT MOTE AQUACULTURE RESEARCH	•
WILD IN SOUTHWEST FLORIDA. THEY ARE STUDYING AND TESTING	
PATTERNS OF TAGGED JUVENILE SNOOK WITH THE USE OF SOLAR-P	
ARRAYS. RESULTS COULD SUPPORT SNOOK POPULATION MANAGEMENT	
CONSERVATION IN THE FUTURE.	
OIL EXPOSURE STUDIES IN THE WAKE OF DEEPWATER HORIZON:	
LAB WORK WAS COMPLETED FOR A STUDY INVOLVING INJECTING OI	L INTO THE
PERITONEUM (BODY CAVITY) OF RED DRUM, POMPANO AND SOUTHER	N FLOUNDER,
AND SCIENTISTS HAVE BEEN ASSESSING THE RESULTING 381 BLOO	D AND TISSUE
SAMPLES FOR MANY POTENTIAL EFFECTS. RESEARCH TRIALS WERE	ALSO COMPLETED
FOR A STUDY ON HOW RED DRUM (REDFISH) ACCUMULATE AND ULTI	MATELY
ELIMINATE WATER-ASSOCIATED OIL COMPOUNDS IN THEIR BODIES,	WITH 1,834
BLOOD AND TISSUE SAMPLES COLLECTED. ANOTHER 54 SAMPLES WE	RE COLLECTED
FROM POMPANO EXPOSED THROUGH WATER. REPRODUCTIVE PARAMETE	RS WERE
EXAMINED IN POMPANO FOLLOWING AQUEOUS EXPOSURE TO CRUDE O	IL. SPAWNING
LAB WORK WAS COMPLETED, WITH 2,200 SAMPLES INCLUDING TISS	UE, EGGS AND
LARVAE COLLECTED TO STUDY HOW OIL EXPOSURE AFFECTS REPROD	UCTION OF
PARENT FISH AND SURVIVAL OF THEIR YOUNG. 980 BLOOD AND TI	SSUE SAMPLES
WERE COLLECTED TO ASSESS THE EFFECTS OF OIL-CONTAMINATED	FOOD ON RED
DRUM.	
MEMBERSHIP	
IN 2016, MOTE MARINE LABORATORY AND AQUARIUM WAS FORTUNAT	E TO CONTINUE
STRENGTHENING OUR 7,431 HOUSEHOLD MEMBERSHIP PROGRAM. ME	MBERSHIP DUES
PROVIDE UNRESTRICTED FUNDS THAT ARE PUT TO WHERE THE NEED	IS GREATEST
ANNUALLY TO SUPPORT MOTE'S OVERALL MISSION OF RESEARCH AND 632212 08-25-16 Sched	D EDUCATION . ule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION FOR THE CEO IS DETERMINED BY THE CEO	
EVALUATION/COMPENSATION COMMITTEE. THE COMMITTEE BASES TH	EIR DECISION ON
COMPENSATION DATA FROM COMPARABLE INSTITUTIONS AND A COMP	REHENSIVE WRITTEN
SUMMARY OF ACTIVITIES BY THE CEO. THE COMPENSATION FOR T	HE CFO IS
DETERMINED BY THE CEO AFTER A BOARD APPROVED BUDGET RATE	OF INCREASE. ALL
DELIBERATION AND DECISIONS ARE CONTEMPORANEOUSLY SUBSTANT	TATED.
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS INCLUDING THE ARTICLES OF INCORPO	RATION AND
BY-LAWS, THE CONFLICT OF INTEREST POLICY, THE FORM 990 AN	D 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 BENEFICIAL INTEREST IN NET ASSETS OF MOTE MARIN	E
FOUNDATION, INC.	705,605.
LOSS ON SALE OF SUBSIDIARY	-1,300,000.
TOTAL TO FORM 990, PART XI, LINE 9	-594,395.
FORM 990, PART XII, LINE 2C AUDIT REVIEW PROCESS	
THERE HAS BEEN NO CHANGE IN THE AUDIT REVIEW PROCESS FROM	THE PRIOR
YEAR.	
-	

SCHEDULE R (Form 990)

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.

INC.

MOTE MARINE LABORATORY

Name of the organization Department of the Treasury Internal Revenue Service

Open to Public 2016

Inspection

OMB No. 1545-0047

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

Employer identification number 59-0756643

(g) Section 512(bX13) controlled 2 × entlty? Direct controlling Yes 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. Direct controlling End-of-year assets status (if section 501(c)(3)) <u>e</u> Public charity LINE 12A I Total income Exempt Code ਉ section 501(C)(3) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) FLORIDA PROVIDES FUNDS TO SUPPORT MOTE MARINE LABORATORY Primary activity Primary activity 9 - 59-2226800 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity MOTE MARINE FOUNDATION INC. 1600 KEN THOMPSON PARKWAY SARASOTA, FL 34236 Partl Part II

Schedule R (Form 990) 2016

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

59-0756643

Page 2,

Schedule R (Form 990) 2016 MOTE MARINE LABORATORY, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	Predomin (related, excluded fr	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1085)	Sene Sene No. Mann No	General or Pe managing Ov partner?	General or Percentage Patrier Patrier
												2	
												<u> </u>	
												-	
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	janizations Taxable a poration or trust durin	is a Corpo g the tax y	ration or Trust. Co	omplete if th	ne organization	n answered "Y	es" on Forn	1 990, Part	IV, line 34	because it ha	o eue p	more	related
(a) Name, address, and EIN of related organization	Z c	Prime	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Type (C corp	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	otai	(g) Share of end-of-year assets	(h) Percentage ownership	age of	Section 512(b/13) controlled entity?
									-				
													<u> </u>
												<u> </u>	
832162 08-06-16				16					-	Sched	dule R (F	orm 9	Schedule R (Form 990) 2016

Page 3

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.	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		S =		Yes	2
Beceipt of (1) interest, (ii) and littles (iii) rovatties or (iv) rent from a controlled entity.		ialeo organizations liste	d in Pars II-IV?],		
Giff arent or central contribution to release decreased and the contribution of the contribution of the contribution to release decreased and the contribution of the	***************************************	***************************************		<u>e</u>		4 :
ared organization(s)		***************************************		2		×
Giff, grant, or capital contribution from related organization(s)				1	×	
Loans or loan guarantees to or for related organization(s)		4		5	×	
Loans or loan guarantees by related organization(s)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			19	×	
Dividende from related ovoenization(s)						
Colone of contact of the contact of			***************************************	=		4
			***************************************	투		×
Purchase of assets from related organization(s)		***************************************		+		×
Exchange of assets with related organization(s)				÷		×
Lease of facilities, equipment, or other assets to related organization(s)			· · · · · · · · · · · · · · · · · · ·	F	×	1
_0				<u> </u>		\$
Performance of services or membership or fundasiena solinitations for values for performance for membership or fundasiena solinitations for performance for the performance for the performance of services for the performance fo	ination(a)			<u>*</u>	;	4
m Deformance of convices or membership of further conficient and independent of the convices of membership of the convices of membership of the convices of membership of the convices of membership of the convices of the convices of membership of the convices of the conv	zation(s)			=	×	1
ip of fulful ability solicitations by retailed organ	zation(s)			튀	×	1
sets with relat	(s)u	ed organization(s)		투	×	
Sharing of paid employees with related organization(s)		***************************************		10	×	
Reimbursement paid to related organization(s) for expenses				đ.		×
Reimbursement paid by related organization(s) for expenses				10	×	_
Other transfer of cash or property to related organization(s)						×
Other transfer of cash or property from related organization(s)					×	
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.	o must complete th	is line, including covered	drelationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
	77		Schedule R (Form 990) 2016	R (Forr	n 990	0) 201

Schedule R (Form 990) 2016 MOTE MARINE LABORATORY, INC.

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

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

(g) (h) (i) (i) (k) Share of Disproper Code V-UBI General or Percentage amount in box 20 managing ownership assets				
(f) Are all partners sec. Share of Solicies total ler organizer of the solicies of the solicie				
(d) Predominant income par (figlied, unrelated, 5 excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity	·			
(a) Name, address, and EIN Primary activity (b) (c) Called unitality (state or foreign Sections 512-514)				

Schedule R (Form 990) 2016

Schedule R	(Form 990) 2016	MOTE	MARINE	LABORATORY,	INC.	<u>59-0756643</u>	Page 5
Part VII	(Form 990) 2016 Supplemental Info	rmation.			_		
	Provide additional inform	antion for roa		sations on Cabadula D	Dec instructions		
	Flovide additional intom	IACION TOT THE	sponses to qui	estions on Schedule R.	. See instructions.		
							
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Form 8925

(Rev. January 2010) Department of the Treasury Internal Revenue Service (99)

Report of Employer-Owned Life Insurance Contracts

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

OMB No. 1545-2089

Attachment Sequence No. 16

			Deducation No. 100
Na	ame(s) shown on return	Identifying	number
M	OTE MARINE LABORATORY, INC.		59-0756643
Na	ame of policyholder, if different from above		umber, if different from abov
	pe of business ONPROFIT		
1	Enter the number of employees the policyholder had at the end of the tax year	1	217.
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		25,000.
4a			
b	If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid	dl.	

Form **8868**

(Rev. January 2017)

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

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filling of t	this form, visit www.irs.gov/efile, click on Charities & Non-	Profits, ar	nd click on e-file for Charities and No.	n-Profits.		
Auton	natic 6-Month Extension of Time. Only subn	nit origin	nal (no copies needed).			
All corpo	prations required to file an income tax return other than F	orm 990-7	(including 1120-C filers), partnership	os, REMIC	Cs, and trusts	
must us	e Form 7004 to request an extension of time to file incom	ne tax retu	rns.			
				Enter fil	er's identifying	number
Type or	Name of exempt organization or other filer, see instru	ictions.			er identification r	
print				, ,		, ,
F11 - L., 44 -	MOTE MARINE LABORATORY, IN	c.			59-0756	5643
File by the due date fo	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	scurity number (SSN)
filing your return, See	1600 KEN THOMPSON PARKWAY					
instructions		oreign add	lress, see instructions.			
	SARASOTA, FL 34236					
	Return Code for the return that this application is for (fil	e a separa	1			0 1
Applicat	tion	Return	Application			Return
Is For		Code	Is For			Code
	0 or Form 990-EZ	01	Form 990-T (corporation)			07
						08
					09	
					10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 1						12
			ARINE LABORATORY	····		1 12
• The b	ooks are in the care of 1600 KEN THOMPS			FL 3	4236	
	hone No.▶ 941-388-4441		Fax No.			
	organization does not have an office or place of business	s in the Un				
	is for a Group Return, enter the organization's four digit					up, check this
	. If it is for part of the group, check this box					
1 I re	equest an automatic 6-month extension of time until	AUGU:	ST 15, 2017 , to file	the exen	npt organization	return
for	the organization named above. The extension is for the	organizatio	on's return for:			
	calendar year or					
	-		d ending <u>SEP 30, 2016</u>		_ 60	
	he tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: initial return F	inal retur	n	
	Change in accounting period			1		
	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			0
	nrefundable credits. See instructions.			3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069, imated tax payments made. Include any prior year overp			Oh		0.
_	lance due. Subtract line 3b from line 3a. Include your pa			3b	\$	<u> </u>
	using EFTPS (Electronic Federal Tax Payment System).	=	*	Зс	.	0.
•	If you are going to make an electronic funds withdrawal				nd Form 8879-Fi	
instructio		/~	,,,,,,,,,,,,,,,,,,,,,,,,,,,	.50 E0 a	61111 001 012	- roi paymont
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8868	3 (Rev. 1-2017)