

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning OCT 1, 2019, and ending SEP 30, 2020

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

MOTE MARINE LABORATORY, INC.

59-0756643

Name and title of officer

MICHAEL P. CROSBY, PH.D.

CEO

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>34,937,768.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KERKERING, BARBERIO & CO. to enter my PIN 49830
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

65021619908

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

13270813 759428 49830

2019.06010 MOTE MARINE LABORATORY, INC 49830__1

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning **OCT 1, 2019** and ending **SEP 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MOTE MARINE LABORATORY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1600 KEN THOMPSON PARKWAY City or town, state or province, country, and ZIP or foreign postal code SARASOTA, FL 34236 F Name and address of principal officer: MICHAEL P. CROSBY, PH.D. SAME AS C ABOVE	D Employer identification number 59-0756643 E Telephone number (941) 388-4441 G Gross receipts \$ 35,502,464. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.MOTE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1955		M State of legal domicile: FL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: ADVANCING THE SCIENCE OF THE SEA THROUGH RESEARCH, EDUCATION AND OUTREACH.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	270
6	Total number of volunteers (estimate if necessary)	6	1354
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	12,741,272.
9	Program service revenue (Part VIII, line 2g)	9	15,002,672.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	15,165.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	297,919.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	28,057,028.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	449,040.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	12,448,953.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	15,000.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,852,832.	16b	1,852,832.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	9,806,860.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	22,719,853.
19	Revenue less expenses. Subtract line 18 from line 12	19	5,337,175.
20	Total assets (Part X, line 16)	20	59,750,581.
21	Total liabilities (Part X, line 26)	21	19,876,808.
22	Net assets or fund balances. Subtract line 21 from line 20	22	39,873,773.

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ADVANCEMENT OF MARINE AND ENVIRONMENTAL SCIENCES THROUGH SCIENTIFIC RESEARCH, EDUCATION AND PUBLIC OUTREACH, LEADING NEW DISCOVERIES, REVITALIZATION AND SUSTAINABILITY OF OUR OCEANS AND GREATER PUBLIC UNDERSTANDING OF OUR MARINE RESOURCES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] 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 others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 14,033,271. including grants of \$ 291,847.) (Revenue \$ 11,923,210.) SEE SCHEDULE O:

4b (Code:) (Expenses \$ 3,966,038. including grants of \$ 0.) (Revenue \$ 2,960,901.) SEE SCHEDULE O:

4c (Code:) (Expenses \$ 1,082,389. including grants of \$ 77,283.) (Revenue \$ 211,101.) SEE SCHEDULE O:

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,672,953. including grants of \$ 67,869.) (Revenue \$ 2,402,195.)

4e Total program service expenses 20,754,651.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</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 during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 270		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	28	
1b	Enter the number of voting members included on line 1a, above, who are independent	27	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA BRIZDLE TRUSTEE	5.00	X					0.	0.	0.	
(2) MICKEY CALLANEN TRUSTEE	5.00	X					0.	0.	0.	
(3) RONALD D. CIARAVELLA TRUSTEE	5.00	X					0.	0.	0.	
(4) RICHARD O. DONEGAN TRUSTEE	5.00	X					0.	0.	0.	
(5) ROGAN DONELLY TRUSTEE	5.00	X					0.	0.	0.	
(6) DEAN EISNER TRUSTEE	5.00	X					0.	0.	0.	
(7) JAMES D. ERICSON TRUSTEE	5.00	X					0.	0.	0.	
(8) SUSAN C. GILMORE TRUSTEE	5.00	X					0.	0.	0.	
(9) ROD HERSHBERGER TRUSTEE	5.00	X					0.	0.	0.	
(10) PENELOPE KINGMAN TRUSTEE	5.00	X					0.	0.	0.	
(11) TRUDO LETSCHERT TRUSTEE	5.00	X					0.	0.	0.	
(12) KIRK MALCOLM TRUSTEE	5.00	X					0.	0.	0.	
(13) ELIZABETH MOORE TRUSTEE	5.00	X					0.	0.	0.	
(14) ALAN ROSE TRUSTEE	5.00	X					0.	0.	0.	
(15) CHARLES SMITH TRUSTEE	5.00	X					0.	0.	0.	
(16) JEANIE STEVENSON TRUSTEE	5.00	X					0.	0.	0.	
(17) SKIP SWAN TRUSTEE	5.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ARTHUR ARMITAGE CHAIRMAN EMERITUS	5.00	X						0.	0.	0.
(19) GENE BECKSTEIN CHAIRMAN EMERITUS	5.00	X						0.	0.	0.
(20) ROBERT CARTER CHAIRMAN EMERITUS	5.00	X						0.	0.	0.
(21) FREDERICK M. DERR, P.E. CHAIRMAN EMERITUS	5.00	X						0.	0.	0.
(22) ROBERT ESSNER CHAIRMAN EMERITUS	5.00	X						0.	0.	0.
(23) JUDY GRAHAM CHAIRMAN EMERITUS	5.00	X						0.	0.	0.
(24) G. LOWE MORRISON CHAIRMAN EMERITUS	5.00	X						0.	0.	0.
(25) HOWARD SEIDER, JR., M.D. CHAIRMAN	5.00	X		X				0.	0.	0.
(26) MAURICE CUNNIFFE VICE-CHAIRMAN	5.00	X		X				0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,159,952.	5,500.	90,378.
d Total (add lines 1b and 1c)								1,159,952.	5,500.	90,378.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAMBRIDGE SEVEN ASSOCIATES 1050 MASSACHUSETTS AVE, CAMBRIDGE, MA 02138	DESIGN CONSULTING	1,919,160.
SARASOTA BAY EXPLORERS, INC. 1923 LINCOLN DRIVE, SARASOTA, FL 34236	ECO BOAT TOURS	530,346.
MANCINI DINERS, INC. 4411 BEAUCHAMP CT, SARASOTA, FL 34243	FOOD SERVICE	440,866.
PARADISE ADVERTISING AND MARKETING, INC., 150 SECOND AVE. #800, ST PETERSBURG, FL	ADVERTISING	388,014.
THERMO ELECTRON NORTH AMERICA LLC P.O. BOX 742775, ATLANTA, GA 30374	SCIENTIFIC EQUIPMENT	284,661.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **11**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	155,515.				
	d Related organizations	1d	985,483.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,177,973.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 308,479.				
	h Total. Add lines 1a-1f		17,318,971.				
	Program Service Revenue	2 a RESEARCH	Business Code	541700	11,923,210.	11,923,210.	
b AQUARIUM			713990	2,960,901.	2,960,901.		
c MEMBERSHIPS			900099	1,002,248.	1,002,248.		
d PROTECT OUR REEFS - LICENSE PLATE			900099	893,264.	893,264.		
e EDUCATION AND DISTANCE LEARNING			611710	211,101.	211,101.		
f All other program service revenue			900099	506,683.	506,683.		
g Total. Add lines 2a-2f				17,497,407.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			41,524.		41,524.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	309,496.	19,876.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		308,479.	0.		
	c Gain or (loss)	7c		1,017.	19,876.		
d Net gain or (loss)			20,893.		20,893.		
8 a Gross income from fundraising events (not including \$ 155,515. of contributions reported on line 1c). See Part IV, line 18	8a			49,125.			
b Less: direct expenses	8b			242,659.			
c Net income or (loss) from fundraising events				-193,534.			
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a			266,065.			
b Less: cost of goods sold	10b			13,558.			
c Net income or (loss) from sales of inventory				252,507.			
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			34,937,768.	17,497,407.	0.	121,390.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	67,869.	67,869.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	369,130.	369,130.		
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	540,649.	144,533.	340,751.	55,365.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,015,595.	8,686,442.	1,275,413.	1,053,740.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	592,318.	468,877.	64,554.	58,887.
9 Other employee benefits	799,535.	618,480.	103,378.	77,677.
10 Payroll taxes	808,241.	619,118.	111,366.	77,757.
11 Fees for services (nonemployees):				
a Management				
b Legal	31,690.	5,472.	26,218.	
c Accounting	47,925.	8,275.	39,650.	
d Lobbying	151,353.			151,353.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,572,853.	1,464,767.	108,086.	
12 Advertising and promotion	366,015.	261,226.	11,280.	93,509.
13 Office expenses	697,566.	430,358.	125,359.	141,849.
14 Information technology				
15 Royalties				
16 Occupancy	759,427.	455,409.	301,618.	2,400.
17 Travel	202,663.	110,676.	10,200.	81,787.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	52,328.	28,450.	2,622.	21,256.
20 Interest	193,237.	933.	192,304.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,910,709.	640,367.	2,270,342.	
23 Insurance	584,461.	263,150.	312,489.	8,822.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT RENTAL & MAIN	1,578,761.	1,168,476.	391,201.	19,084.
b SUPPLIES	917,339.	906,735.	10,604.	
c INTERNAL RENTALS	0.	161,905.	-171,036.	9,131.
d OVERHEAD ALLOCATION	0.	3,649,448.	-3,649,448.	
e All other expenses	287,156.	224,555.	62,386.	215.
25 Total functional expenses. Add lines 1 through 24e	24,546,820.	20,754,651.	1,939,337.	1,852,832.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	5,502,846.	1	7,230,492.	
	2 Savings and temporary cash investments	4,644,742.	2	4,676,254.	
	3 Pledges and grants receivable, net	5,264,538.	3	12,653,591.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	13,306.	8	13,306.	
	9 Prepaid expenses and deferred charges	135,993.	9	53,991.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 72,148,663.			
	b Less: accumulated depreciation	10b 48,268,642.	23,572,461.	10c	23,880,021.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	20,616,695.	15	23,756,630.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	59,750,581.	16	72,264,285.		
Liabilities	17 Accounts payable and accrued expenses	1,351,096.	17	1,906,667.	
	18 Grants payable		18		
	19 Deferred revenue	7,938,943.	19	9,416,928.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	10,073,770.	23	7,478,884.	
	24 Unsecured notes and loans payable to unrelated third parties		24	2,318,259.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	512,999.	25	604,044.	
	26 Total liabilities. Add lines 17 through 25	19,876,808.	26	21,724,782.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	15,006,631.	27	20,898,126.	
	28 Net assets with donor restrictions	24,867,142.	28	29,641,377.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	39,873,773.	32	50,539,503.	
33 Total liabilities and net assets/fund balances	59,750,581.	33	72,264,285.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,937,768.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,546,820.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,390,948.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39,873,773.
5	Net unrealized gains (losses) on investments	5	1,148.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	273,634.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	50,539,503.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2019)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,276,438.	8,298,235.	7,019,564.	12,741,272.	17,318,971.	48,654,480.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	3,276,438.	8,298,235.	7,019,564.	12,741,272.	17,318,971.	48,654,480.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,613,085.
6 Public support. Subtract line 5 from line 4.						40,041,395.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	3,276,438.	8,298,235.	7,019,564.	12,741,272.	17,318,971.	48,654,480.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	6,827.	6,691.	12,563.	47,184.	41,524.	114,789.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						48,769,269.
12 Gross receipts from related activities, etc. (see instructions)					12	74,208,273.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	82.10 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	89.90 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

OMB No. 1545-0047

2019

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

59-0756643

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	_____ _____ _____	\$ <u>6,015,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ <u>2,303,248.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ <u>750,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ <u>610,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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) organizations: Complete Part III.

Name of organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

2 Political campaign activity expenditures ▶ \$ _____

3 Volunteer hours for political campaign activities _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	151,353.													
c	Total lobbying expenditures (add lines 1a and 1b)	151,353.													
d	Other exempt purpose expenditures	24,395,467.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	24,546,820.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	948,039.	1,000,000.	1,000,000.	1,000,000.	3,948,039.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,922,059.
c Total lobbying expenditures	142,830.	144,677.	145,086.	151,353.	583,946.
d Grassroots nontaxable amount	237,010.	250,000.	250,000.	250,000.	987,010.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,480,515.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	622,492.	622,783.	621,318.	619,192.	617,820.
b Contributions					
c Net investment earnings, gains, and losses	680.	10.	1,774.	2,406.	1,568.
d Grants or scholarships					
e Other expenditures for facilities and programs		301.	309.	280.	196.
f Administrative expenses					
g End of year balance	623,172.	622,492.	622,783.	621,318.	619,192.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.00 %
 - b Permanent endowment 100.00 %
 - c Term endowment 0.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,498,190.		7,498,190.
b Buildings		42,616,856.	30,422,516.	12,194,340.
c Leasehold improvements				
d Equipment		19,642,659.	15,592,222.	4,050,437.
e Other		2,390,958.	2,253,904.	137,054.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				23,880,021.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN MOTE MARINE FOUNDATION, INC.	17,141,448.
(2) PATENTS	95,780.
(3) CONSTRUCTION IN PROGRESS	5,195,720.
(4) INVESTMENT IN DEFERRED COMPENSATION PLAN	604,044.
(5) DUE FROM RELATED ORGANIZATION	719,638.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	23,756,630.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION PAYABLE	604,044.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	604,044.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	35,471,131.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	1,148.	
b	Donated services and use of facilities	2b	2,364.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	273,634.	
e	Add lines 2a through 2d	2e		277,146.
3	Subtract line 2e from line 1		3	35,193,985.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-256,217.	
c	Add lines 4a and 4b	4c		-256,217.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	34,937,768.

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

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

1	Total expenses and losses per audited financial statements		1	24,805,401.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,364.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	256,217.	
e	Add lines 2a through 2d	2e		258,581.
3	Subtract line 2e from line 1		3	24,546,820.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	24,546,820.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ALL ENDOWMENT FUNDS ARE HELD IN PERPETUITY WITH THE INCOME USED AS FOLLOWS

1-THE CULTURAL ENDOWMENT FUND INCOME IS USED TO SUPPORT OPERATIONS FOR THE
 AQUARIUM 2- THE KEYS ADVISORY BOARD ENDOWMENT FUND INCOME IS USED TO
 SUPPORT PROGRAM ACTIVITIES AT THE KEYS FACILITY.

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN NET ASSETS OF MOTE MARINE FOUNDATION, INC. 273,634.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED WITH SALES IN PART VIII FORM 990 -13,558.

SPECIAL EVENTS EXPENSES INCLUDED IN PART VIII FORM 990 -242,659.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -256,217.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED WITH SALES IN PART VIII FORM 990 13,558.

SPECIAL EVENTS EXPENSES INCLUDED IN PART VIII FORM 990 242,659.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 256,217.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICE	STOCK ENHANCEMENT AND PRODUCTION OF GREY MULLET FRY: A SUSTAINABLE CHOICE	57,950.
3 a Subtotal	0	0			57,950.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			57,950.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

MOTE MARINE LABORATORY NOTES THAT THE "DURING-THE-AWARD MONITORING" IS DONE THROUGH THE REVIEW OF THE PERIODIC REIMBURSEMENT REQUESTS (AS SPECIFIED IN AGREEMENT). THE REIMBURSEMENT REQUESTS INCLUDE A SUMMARY THAT DETAILS ACTUAL EXPENSES FOR THE PERIOD COMPARED TO BUDGET BY LINE ITEM.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		OCEANIC EVENING	FARM TO FILLET	1		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	134,674.	38,306.	31,660.	204,640.
	2	Less: Contributions	105,074.	32,306.	18,135.	155,515.
	3	Gross income (line 1 minus line 2)	29,600.	6,000.	13,525.	49,125.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	15,000.	1,301.		16,301.
	7	Food and beverages	186,546.	25,604.		212,150.
	8	Entertainment				
	9	Other direct expenses	4,799.	3,892.	5,517.	14,208.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				242,659.
11	Net income summary. Subtract line 10 from line 3, column (d)				-193,534.	

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

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

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI 4600 RICKENBACKER CAUSEWAY MIAMI, FL 33149	59-0624458	501(C)(3)	35,704.	0.			PROTECT OUR REEFS GRANT
REEF RELIEF PO BOX 430 KEY WEST, FL 33041	59-2696402	501(C)(3)	7,200.	0.			PROTECT OUR REEFS GRANT
UNIVERSITY OF NORTH FLORIDA 1 UNF DRIVE JACKSONVILLE, FL 32224	59-2976169	THE STATE OF FLORIDA	7,118.	0.			PROTECT OUR REEFS GRANT
U.S. GEOLOGICAL SURVEY 600 4TH ST S ST PETERSBURG, FL 33701	53-0196958	FEDERAL GOV'T AGENCY	7,011.	0.			PROTECT OUR REEFS GRANT
ECKERD COLLEGE 4200 54TH AVE S. ST PETERSBURG, FL 33711	59-0859121	501(C)(3)	5,789.	0.			PROTECT OUR REEFS GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	56	41,300.	0.		
STIPENDS	81	327,830.	0.		

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

PART I, LINE 2:

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

Part IV Supplemental Information

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

A LIMITED NUMBER OF SCHOLARSHIP GRANTS ARE AWARDED TO INDIVIDUALS EACH YEAR. THE SCHOLARSHIP AWARD RANGES FROM \$500 TO \$2,000 FOR A MINIMUM 10 WEEK INTERNSHIP. A SCHOLARSHIP COMMITTEE AWARDS SCHOLARSHIPS BASED ON STUDENT'S FINANCIAL NEED AND INTERNSHIP DURATION.

STIPENDS ARE AWARDED TO PARTICIPANTS IN SEVERAL RESEARCH EXPERIENCE FOR UNDERGRADUATES (REU) PROGRAMS AT MOTE MARINE LABORATORY. THE FUNDING AGENCY DETERMINES THE APPLICATION CRITERIA, BUT USUALLY THE STUDENTS ARE SELECTED IF THEY HAVE NOT HAD ANY PREVIOUS RESEARCH EXPERIENCE AND MEET OTHER SPECIFIC CRITERIA SUCH AS UNDERSERVED, UNDERREPRESENTED STUDENTS OR ALUMNI OF NON-R1 COLLEGES AND UNIVERSITIES. THE STIPENDS CAN RANGE FROM \$500 TO \$6500 DEPENDING ON GRANT.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

59-0756643

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL P. CROSBY PH.D PRESIDENT/CEO	(i)	295,492.	45,000.	0.	15,751.	139.	356,382.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL MOORE SPECIAL ADVISOR TO PRESIDENT	(i)	168,845.	0.	0.	10,300.	5,128.	184,273.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT HUETER PH.D SR SCIENTIST	(i)	156,643.	0.	0.	9,649.	5,128.	171,420.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	10	308,479.	NYSE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

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.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

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
BASED IN SARASOTA, FLORIDA, WITH SIX TOTAL RESEARCH AND EDUCATION
LOCATIONS FROM SARASOTA TO KEY WEST. MOTE HAS MORE THAN 20 DIVERSE
RESEARCH PROGRAMS WORKING IN OUR HOME COMMUNITY OF SOUTHWEST FLORIDA
AND IN OCEANS AROUND THE WORLD.

MOTE'S MISSION IS TO ADVANCE MARINE AND ENVIRONMENTAL SCIENCE THROUGH
WORLD-CLASS RESEARCH, EDUCATION AND PUBLIC OUTREACH LEADING TO NEW
DISCOVERIES, REVITALIZATION AND SUSTAINABILITY OF EARTH'S OCEAN
RESOURCES AND TO A GREATER PUBLIC UNDERSTANDING OF OUR MARINE
ECOSYSTEMS. WE EMPHASIZE CONSERVATION AND SUSTAINABLE USE OF MARINE
BIODIVERSITY, HEALTHY HABITATS AND NATURAL RESOURCES.

MOTE IS 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 IS ALSO UNIQUE BECAUSE WE TRANSLATE OUR SCIENTIFIC

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

59-0756643

DISCOVERIES THROUGH A PUBLIC AQUARIUM AND STRUCTURED EDUCATION PROGRAMS. OUR VISION ALSO INCLUDES POSITIVELY IMPACTING PUBLIC POLICY BY BUILDING A MORE OCEAN-LITERATE SOCIETY.

MOTE FEATURES A 10.5-ACRE CAMPUS ON SARASOTA BAY IN SARASOTA, FLORIDA, THE ELIZABETH MOORE INTERNATIONAL CENTER FOR CORAL REEF RESEARCH & RESTORATION ON SUMMERLAND KEY IN THE FLORIDA KEYS, THE 200-ACRE MOTE AQUACULTURE RESEARCH PARK IN EASTERN SARASOTA COUNTY, A CORAL NURSERY IN ISLAMORADA IN THE UPPER FLORIDA KEYS AND PUBLIC CORAL REEF EXHIBITS IN KEY WEST AND ISLAMORADA.

OUR STAFF OF MORE THAN 220 INCLUDES MORE THAN 30 DOCTORAL-LEVEL SCIENTISTS PUBLISHING NUMEROUS PEER-REVIEWED STUDIES PER YEAR AND SERVING AS AMBASSADORS FOR MARINE SCIENCE THROUGH SPEAKING ENGAGEMENTS BRIEFINGS, AND PRESENTATIONS. MOTE SCIENTISTS ADVANCE THE FIELDS OF: SHARK AND RAY BIOLOGY, BEHAVIOR AND ECOLOGY; HARMFUL ALGAL BLOOM DYNAMICS AND MITIGATION; CORAL REEF RESEARCH AND RESTORATION; MARINE MAMMAL AND SEA TURTLE BIOLOGY AND POPULATION DYNAMICS; AQUACULTURE SYSTEMS RESEARCH AND DEVELOPMENT; STUDIES OF HUMAN DISEASE USING MARINE MODELS; EFFECTS OF HUMAN-MADE AND NATURAL TOXIC SUBSTANCES ON ORGANISMS AND THE ENVIRONMENT; THE HEALTH OF WILD FISHERIES, IMPROVED FISHERIES MONITORING, AND RESPONSIBLE APPROACHES TO FISHERIES STOCK ENHANCEMENT; OCEAN TECHNOLOGY DEVELOPMENT TO BETTER UNDERSTAND THE HEALTH OF OUR ECOSYSTEMS; BOTTOM-DWELLING ORGANISMS, INCLUDING A FOCUS ON SHELLFISH RESTORATION, AND MORE. (FOR A FULL AND CURRENT LISTING OF MOTE MARINE LABORATORY'S RESEARCH PROGRAMS AND INITIATIVES, PLEASE VISIT MOTE.ORG.)

Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
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FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:

AQUARIUM

MOTE AQUARIUM IN SARASOTA, FLORIDA, IS THE PUBLIC OUTREACH FACILITY FOR MOTE MARINE LABORATORY AND IS DEDICATED TO TRANSLATING AND TRANSFERRING MOTE'S CUTTING-EDGE SCIENCE TO THE PUBLIC. THIS RARE COMBINATION OF RESEARCH AND DEDICATED OUTREACH MAKE MOTE AN INTERNATIONAL DESTINATION AND A SOUTHWEST FLORIDA GEM.

OPEN 365 DAYS PER YEAR WITH CLOSE TO 350,000 VISITORS ANNUALLY, MOTE AQUARIUM FEATURES HUNDREDS OF MARINE SPECIES FROM LOCAL TO INTERNATIONAL OCEAN ECOSYSTEMS ENHANCES PUBLIC OCEAN LITERACY TO SUPPORT CONSERVATION AND SUSTAINABLE USE OF MARINE RESOURCES.

ESTABLISHED IN 1980, MOTE AQUARIUM HAS GROWN TO FEATURE SEVERAL SPECIES OF SHARKS AND NUMEROUS SPECIES OF BONY FISHES, SEA TURTLES, TERRAPINS, CROCODILIANS (ALLIGATORS AND CAIMANS), FLORIDA MANATEES, NORTH AMERICAN RIVER OTTERS, INVERTEBRATES INCLUDING MULTIPLE SPECIES OF REEF-BUILDING CORALS, MOLLUSKS AND CRUSTACEANS, AND RELATED DISPLAYS OF SCIENCE, TECHNOLOGY AND CONSERVATION CONTENT. MOTE AQUARIUM BIOLOGISTS UNDERTAKE MULTIPLE EFFORTS TO BREED AND RAISE MARINE ORGANISMS SUCH AS GOBIES AND SEAHORSES IN-HOUSE, TO HELP THE PUBLIC CONNECT WITH THESE ANIMALS WHILE LESSENING PRESSURE ON WILD POPULATIONS.

MOTE AQUARIUM BIOLOGISTS LEAD NARRATED TRAINING SESSIONS WITH RESIDENT ANIMALS TO HELP VISITORS CONNECT WITH OCEAN SPECIES AND THEIR CARE AT THE AQUARIUM, ALONG WITH MOTE MARINE LABORATORY'S RESEARCH. MOTE

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

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AQUARIUM FEATURES WINDOWS INTO WORKING LABS, OFFERING A DIRECT GLIMPSE INTO THE MARINE SCIENCE AT THE HEART OF MOTE. TRAINED VOLUNTEER DOCENTS THROUGHOUT THE AQUARIUM ENSURE THAT GUESTS HAVE AN ENJOYABLE, EDUCATIONAL EXPERIENCE.

THE AQUARIUM'S ANIMAL CARE AND TRAINING PROGRAMS ENABLE RESEARCH THAT WOULD OTHERWISE NOT BE POSSIBLE - MOST NOTABLY, SENSORY AND TEMPERATURE-RELATED STUDIES WITH RESIDENT MANATEES HUGH AND BUFFETT, WHOSE VOLUNTARY PARTICIPATION HAS ALLOWED FOR MULTIPLE PEER REVIEWED JOURNAL ARTICLES PRESENTING KNOWLEDGE TO BENEFIT CONSERVATION OF THE SPECIES IN THE WILD.

MOTE MARINE LABORATORY & AQUARIUM HAS BEEN ACCREDITED BY THE ASSOCIATION OF ZOOS AND AQUARIUMS (AZA) SINCE 2003, UNDERGOING A RIGOROUS INSPECTION EVERY FIVE YEARS. ACCREDITATION ENSURES THAT MOTE HAS MET AND WILL CONTINUE TO MEET EVER-RISING STANDARDS IN CATEGORIES INCLUDING ANIMAL CARE AND WELFARE, VETERINARY PROGRAMS, SCIENTIFIC ADVANCEMENT, CONSERVATION, EDUCATION AND SAFETY. MOTE HAS ALSO BEEN NAMED ONE OF THE MOST RESEARCH-PRODUCTIVE AZA MEMBERS BASED ON ITS HIGH NUMBER OF SCIENTIFIC PUBLICATIONS.

MOTE AQUARIUM PROVIDES A UNIQUE VENUE FOR EVENTS SUCH AS ITS ANNUAL WORLD OCEANS DAY FAMILY FESTIVAL, AND FOR LIMITED-TIME EXHIBITS THAT REFRESH AND ENRICH VISITORS' LEARNING EXPERIENCES.

NEARLY 10,000 MOTE MEMBERS STAY CONNECTED THROUGH MOTE AQUARIUM AND HELP TO SUPPORT MULTIPLE FACETS OF MOTE'S MISSION.

Name of the organization

MOTE MARINE LABORATORY, INC.

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

EDUCATION

MOTE MARINE LABORATORY'S COMMITMENT TO SHARING OCEAN LITERACY BEGINS WITH PRE-K CHILDREN AND EXTENDS TO PEOPLE OF ALL AGES AND SOCIETAL BACKGROUNDS.

MOTE OPERATES MORE THAN 50 STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH) EDUCATION AND OUTREACH PROGRAMS, INCLUDING IN-SCHOOL PROGRAMS AND FIELD TRIPS, PUBLIC PROGRAMS THROUGHOUT THE YEAR, SPRING BREAK AND SUMMER CAMPS, COMMUNITY OUTREACH PROGRAMS THAT REACH STUDENTS HISTORICALLY UNDERREPRESENTED IN SCIENCE, TEACHER PROFESSIONAL DEVELOPMENT WORKSHOPS, DIGITAL LEARNING PROGRAMS THAT REACH AUDIENCES FAR AND WIDE, ADULT LIFELONG LEARNING COURSES, EDUCATIONAL EVENTS SUCH AS LECTURES AND SCIENCE CAFES, SCOUT PROGRAMS, HOMESCHOOL PROGRAMS AND MORE. ALL TOLD, MOTE'S EDUCATION PROGRAMS REACH WELL OVER 30,000 PEOPLE PER YEAR.

MOTE PROGRAMS ARE DESIGNED TO INSTILL ESSENTIAL STEM CONCEPTS, HELP PARTICIPANTS DISCOVER CAREERS IN MARINE SCIENCE AND BETTER UNDERSTAND OCEAN ECOSYSTEMS, THE SCIENTIFIC METHOD, CONSERVATION ISSUES, OCEAN TECHNOLOGY, THE IMPORTANCE OF ENVIRONMENTAL STEWARDSHIP AND OTHER KEY CONCEPTS.

MOTE LEADS THE MULTI-PARTNER LOUIS STOKES ALLIANCE FOR MINORITY PARTICIPATION (LSAMP): MARINE SCIENCE LABORATORY ALLIANCE CENTER OF

Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
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EXCELLENCE (MARSCI-LACE) WHICH WAS FOUNDED THROUGH A NATIONAL SCIENCE FOUNDATION (NSF) GRANT TO MOTE, THE ONLY NON-ACADEMIC INSTITUTION TO RECEIVE AN LSAMP CENTER OF EXCELLENCE AWARD. IT IS CO-FUNDED BY THE NSF INCLUSION ACROSS THE NATION OF COMMUNITIES OF LEARNERS OF UNDERREPRESENTED DISCOVERERS IN ENGINEERING AND SCIENCE (NSF INCLUDES) INITIATIVE.

MOTE OFFERS A WIDE VARIETY OF COLLEGE INTERNSHIPS, INCLUDING THE HIGHLY COMPETITIVE, NSF-FUNDED RESEARCH EXPERIENCES FOR UNDERGRADUATES, WHICH ALLOW UNDERGRADUATE STUDENTS TO CONDUCT SCIENTIFIC RESEARCH UNDER THE MENTORSHIP OF A PH.D.-LEVEL MOTE SCIENTIST.

MOTE'S EDUCATION TEAM OVERSEES SOME 1,400 TRAINED VOLUNTEERS, WHO HELP TO ADVANCE THE LAB'S MISSION BY ASSISTING SCIENTISTS AND EDUCATORS, SERVING AS DOCENTS ON THE MOTE AQUARIUM FLOOR, CONTRIBUTING TO MOTE'S HOSPITALS FOR DOLPHINS, WHALES AND SEA TURTLES, AND PROVIDING A NUMBER OF SUPPORTING SERVICES TO OTHER AREAS OF THE LAB AND AQUARIUM. SOME VOLUNTEERS HAVE GIVEN THEIR TIME TO MOTE'S MISSION FOR MORE THAN 30 YEARS!

MOTE EDUCATORS WORK CLOSELY WITH SCHOOLS THROUGHOUT THEIR REGION, HELPING STUDENTS CONNECT WITH MOTE SCIENTISTS DIRECTLY - FOR EXAMPLE, THROUGH SUSTAINABLE FISHING CLINICS AND HANDS-ON COLLABORATION WITH MOTE'S FISH-FARMING SCIENTISTS. IN RESPONSE TO THE GLOBAL PANDEMIC, MOTE EDUCATORS CREATED A WEALTH OF NEW AND INNOVATIVE VIRTUAL LEARNING PROGRAMS AND DIGITAL CONTENT THAT ENABLED K-12 TEACHERS AND STUDENTS TO INTERACT AND LEARN REMOTELY.

Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
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THROUGH THE SUCCESSFUL REGIONAL PLATFORM EDEXPLORESRQ, MOTE OFFERS "EXPLORATIONS" THAT ALLOW TEACHERS TO ENRICH THEIR CURRICULA AND GIVE STUDENTS UNFORGETTABLE EXPERIENCES THROUGH ACTIVITIES APPROVED BY SCHOOL DISTRICT STAFF TO ENSURE CONNECTIONS TO EDUCATIONAL STANDARDS.

MOTE EDUCATORS ARE ACTIVE IN THE FLORIDA MARINE SCIENCE EDUCATORS ASSOCIATION, THE NATIONAL SCIENCE TEACHERS ASSOCIATION, THE ASSOCIATION OF ZOOS AND AQUARIUMS AND OTHER PROFESSIONAL ORGANIZATIONS THAT INFORM AND INSPIRE OUR EFFORTS TO TRANSLATE AND TRANSFER MOTE SCIENCE TO THE PUBLIC.

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

PROTECT OUR REEFS

FLORIDA'S CORAL REEF IS THE THIRD-LARGEST BARRIER CORAL REEF SYSTEM IN THE WORLD. IT PROVIDES ESSENTIAL ECOLOGICAL SERVICES, PROTECTS COASTLINES FROM MAJOR STORM IMPACTS AND IS CRUCIAL TO FLORIDA'S ECONOMY, WITH AN ASSET VALUE OF \$8.5 BILLION.

SADLY, THIS NATURAL TREASURE HAS DECLINED DRASTICALLY OVER THE PAST FEW DECADES DUE TO MAJOR CORAL DISEASE OUTBREAKS, LOCAL TO REGIONAL HUMAN IMPACTS, HEAT-DRIVEN CORAL BLEACHING, AND LONG-TERM CLIMATE CHANGE THAT IS STRESSING CORALS IN FLORIDA AND AROUND THE WORLD.

MOTE MARINE LABORATORY'S PROTECT OUR REEFS PROGRAM FOCUSES ON ADDRESSING THESE AND OTHER CHALLENGES BY SUPPORTING CORAL REEF RESEARCH, RESTORATION, CONSERVATION AND EDUCATION IN FLORIDA. THE

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

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PROTECT OUR REEFS (POR) SPECIALTY LICENSE PLATE (MOTEREEFPLATE.COM) WAS APPROVED BY THE FLORIDA LEGISLATURE IN JULY 2003 AND IS ADMINISTERED BY MOTE AND AVAILABLE TO FLORIDA-LICENSED DRIVERS. EACH PLATE SALE PROVIDES \$25 FOR REEF RESEARCH, RESTORATION, CONSERVATION AND EDUCATION IN FLORIDA, INCLUDING A SPECIAL PROTECT OUR REEFS GRANTS PROGRAM. 37.5% OF REVENUES SUPPORT GRANTS AND AN ADDITIONAL 37.5% OF REVENUES SUPPORTS MOTE'S CORAL REEF RESEARCH AND RESTORATION.

IN GENERAL, POR GRANT PRIORITIES ARE SIMILAR TO THOSE OUTLINED BY A NUMBER OF FEDERAL AND STATE AGENCIES, AND RESEARCH ORGANIZATIONS, ALONG WITH VARIOUS GOVERNMENTAL, LOCAL COMMUNITY AND NON-PROFIT ADVISORY GROUPS, WITH RESPECT TO CORAL REEF RESEARCH AND OTHER RELATED CORAL REEF PROGRAM PRIORITIES. BECAUSE OF THE NEED TO STRATEGICALLY FOCUS THE POR PLATE'S LIMITED RESOURCES ON CRITICAL CHALLENGES CORAL REEF ECOSYSTEMS ARE CURRENTLY FACING, PRIORITY FOR FUNDING IN ALL CATEGORIES OF POR PROPOSALS (RESEARCH, EDUCATION AND CONSERVATION) WILL BE ON CORAL REEF RESTORATION PROJECTS, INCLUDING THE RESEARCH OF NEW RESTORATION METHODS THAT FURTHER THE ENHANCEMENT OF CORAL GENETIC DIVERSITY AND RESILIENCY IN THE RESTORATION OF CORAL REEF ECOSYSTEMS. EDUCATION AND PUBLIC OUTREACH PROPOSALS DIRECTLY RELATED TO SCIENCE-BASED RESTORATION OF CORAL REEF ECOSYSTEMS WILL ALSO BE CONSIDERED. OTHER QUALITY PROPOSALS WILL BE GIVEN CAREFUL CONSIDERATION, BUT THE PRIORITY FOCUS WILL BE ON PROJECTS THAT SIGNIFICANTLY ENHANCE THE CAPABILITIES OF CORAL REEF ECOSYSTEM RESOURCE MANAGERS TO MORE EFFECTIVELY USE SCIENCE-BASED INFORMATION IN PROMOTING AND IMPLEMENTING RESTORATION AND LONG-TERM SUSTAINABLE USE OF THESE ECOSYSTEMS. PRIORITY WILL BE GIVEN TO PROJECTS WHOSE DELIVERABLES ASSOCIATED ARE CLEARLY DEFINED AND ALIGNED WITH CORAL REEF RESTORATION

Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
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ACTIONS. THE POR WILL ACCEPT CREATIVE PROPOSALS THAT ADDRESS NOVEL CORAL REEF RESTORATION IDEAS AND CONCEPTS THAT MAY REQUIRE INITIAL SUPPORT TO TEST THEIR MERIT. THE POR ENCOURAGES SCIENTISTS THAT MEET THE "YOUNG-INVESTIGATOR" CRITERIA TO NOTE THAT ON THEIR APPLICATION. THIS WILL BE THE FOURTH OF AN EXPECTED MINIMUM OF 5 YEARS THAT POR WILL FOCUS ON CORAL REEF RESTORATION.

MOTE AQUACULTURE RESEARCH PARK FACILITY OPERATIONS

MOTE HAS A 200-ACRE, STATE-OF-THE-ART AQUACULTURE RESEARCH FACILITY SUPPORTING THE CONSERVATION OF THE WORLD'S FISHERIES AND SUSTAINABLE SEAFOOD PRODUCTION. MOTE AQUACULTURE RESEARCH PARK INCLUDES MORE THAN 125,000 SQUARE FEET OF RESEARCH AND DEVELOPMENT FACILITIES DEDICATED TO MOTE'S MARINE AND FRESHWATER AQUACULTURE RESEARCH PROGRAM AND SUPPORTING THE WORK OF RELATED MOTE PROGRAMS FOCUSING ON FISHERIES ENHANCEMENT, MICROBIAL ECOLOGY AND ECOTOXICOLOGY.

AT THE PARK, MOTE SCIENTISTS STUDY THE GROWTH, DEVELOPMENT, SPAWNING, HEALTH, NUTRITION, GENETICS, MICROBIOLOGY AND OTHER CHARACTERISTICS OF SALTWATER FISH SPECIES, SUCH AS COMMON SNOOK, POMPANO, RED DRUM, FLOUNDER AND ALMACO JACK FOR RESTOCKING PROGRAMS AND FOR SUSTAINABLE SEAFOOD PRODUCTION AND/OR UNDERSTANDING ENVIRONMENTAL IMPACTS ON FISH. MOTE'S SALTWATER AQUACULTURE SYSTEMS RECYCLE 100 PERCENT OF THEIR WATER AND DEMONSTRATE INNOVATIVE FISH-FARMING TECHNOLOGIES TO INFORM THE AQUACULTURE INDUSTRY AND HELP U.S.-BASED PRODUCERS MEET THE GROWING, GLOBAL DEMAND FOR SUSTAINABLE SEAFOOD.

THE PARK OPERATES A PROTOTYPE MARINE AQUAPONICS GREENHOUSE WHERE EDIBLE

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SEA PURSLANE IS GROWN IN HIGH-NUTRIENT, PART-SALT WATER TOGETHER WITH THE POPULAR SPORTFISH RED DRUM, OR REDFISH. WITH THE PLANET'S LIMITED FRESHWATER RESOURCES, ONE OF THE ONLY WAYS TO EXPAND FOOD PRODUCTION IS THROUGH SEAFOOD AND SEA VEGETABLE PRODUCTION; THIS NECESSITATES RESEARCH TO FIND THE BEST CANDIDATE SPECIES AND DEVELOP EFFICIENT, ECO-FRIENDLY SYSTEMS. MOTE SCIENTISTS ALSO INVESTIGATE ALTERNATIVE SOURCES OF FISH FEED FOR AQUACULTURE, GIVEN THAT MANY WILD FISHERIES TAPPED FOR COMMERCIAL "FISH MEAL" HAVE PLATEAUED OR DECLINED.

MOTE AQUACULTURE RESEARCH PARK IS ALSO THE HOME BASE FOR MAJOR STUDIES OF OIL-SPILL IMPACTS ON FISH HEALTH, IMMUNE SYSTEM AND REPRODUCTIVE SUCCESS. THESE CONTROLLED, EXPOSURE STUDIES BEGAN IN THE WAKE OF THE DEEPWATER HORIZON OIL SPILL AND ARE DESIGNED TO SUPPORT DEVELOPMENT OF RAPID HEALTH-DIAGNOSTIC TESTS BASED ON SUB-LETHAL RESPONSES THAT WILL BETTER PREDICT SHORT- AND LONG-TERM IMPACTS OF OIL EXPOSURE IN GULF OF MEXICO FISHES. MOTE'S MARINE & FRESHWATER AQUACULTURE RESEARCH PROGRAM COLLABORATES WITH MOTE'S ENVIRONMENTAL LABORATORY FOR FORENSICS ON THESE IMPORTANT STUDIES, WITHIN THE MULTI-INSTITUTION CONSORTIUM C-IMAGE FOCUSED ON DEEPWATER HORIZON.

FLORIDA RED TIDE MITIGATION & TECHNOLOGY DEVELOPMENT FACILITY -TO FIGHT THE IMPACTS OF FLORIDA RED TIDE (BLOOMS OF KARENIA BREVIS ALGAE) EFFECTIVELY WHILE CAUSING NO FURTHER ENVIRONMENTAL HARM THAN RED TIDE ITSELF, SCIENTISTS MUST TEST RED TIDE MITIGATION COMPOUNDS AND TECHNOLOGIES IN THE ENVIRONMENT. LONG BEFORE THAT, THEY MUST TEST THEM IN THE LAB AND THEN IN LARGE "MESOCOSM" OR "RACEWAY" TANKS DESIGNED TO PROVIDE A PREVIEW OF THE POSSIBLE ENVIRONMENTAL IMPACTS. THIS YEAR, MOTE CREATED A CUTTING-EDGE FACILITY TO DO JUST THAT, AS PART OF THE

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FLORIDA RED TIDE MITIGATION & TECHNOLOGY DEVELOPMENT INITIATIVE LED BY MOTE IN PARTNERSHIP WITH THE FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION (FWC). THE FACILITY, OCCUPYING 28,800 SQUARE FEET OF THE MOTE AQUACULTURE RESEARCH PARK, CAN HOLD ALMOST 150,000 GALLONS OF TREATED AND RECIRCULATED SEAWATER. ITS SIX LABS INCLUDE A CULTURE ROOM FOR GROWING ALGAE, A CHEMISTRY LAB, AND LARGE SYSTEMS OF LONG TANKS CALLED RACEWAYS AND 5- OR 10-FOOT MESOCOSMS WHERE SCIENTISTS CAN CREATE MINI VERSIONS OF SARASOTA BAY, THE GULF OF MEXICO OR OTHER RELEVANT ENVIRONMENTS BY MAINTAINING SHELLFISH, SEAWEED, SPONGES, SEDIMENTS AND OTHER ECOSYSTEM COMPONENTS THAT COULD BE SENSITIVE TO MITIGATION EFFORTS. USE OF THE FACILITY AND ITS UNPRECEDENTED QUANTITIES OF KARENIA BREVIS CULTURE ARE FREE FOR SCIENTISTS FROM AROUND THE WORLD WHOSE PROJECTS ARE PART OF THE INITIATIVE.

MOTE'S INTERNATIONAL CORAL GENE BANK - CORAL REEFS ARE EXPERIENCING UNPRECEDENTED DIE-OFFS WORLDWIDE, AND IT'S CRITICAL TO RESTORE THEM WITH RESILIENT AND GENETICALLY DIVERSE CORALS THAT HAVE THE BEST CHANCES TO SURVIVE AND REPRODUCE. HOWEVER, SCIENTISTS CAN ONLY DO THAT IF OUR NATIVE CORALS DON'T DISAPPEAR FIRST. TO PROTECT THE LIVING TREASURE OF CORAL GENETIC DIVERSITY, MOTE HAS CREATED A UNIQUE, LARGE-SCALE, LAND-BASED, LIVING CORAL GENE BANK WHERE DOZENS OF CORAL GENOTYPES (GENETIC VARIETIES) OF AT LEAST 30 SPECIES CAN BE STORED IN TRIPLICATE. CONSTRUCTION OF MOTE'S INTERNATIONAL CORAL GENE BANK AT THE MOTE AQUACULTURE RESEARCH PARK FACILITY BEGAN IN 2020 AND CONTAINS FOUR SEPARATE LIFE-SUPPORT SYSTEMS, SO IF ONE SYSTEM FAILS, CORALS SUPPORTED BY OTHER SYSTEMS WILL BE PRESERVED. THESE SYSTEMS WILL HAVE ROOM FOR UP TO 500 MATURE PARENT CORALS OR 15,000 SMALL CORAL FRAGMENTS. THE FACILITY PROVIDES PRECISION CONTROL OF TEMPERATURE, CHEMISTRY, WATER

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LEVEL, LIGHTING AND MORE, TO KEEP THE CORALS HAPPY AND HEALTHY. MOTE'S GENE BANK WILL ALSO HELP PRODUCE NEW CORAL OFFSPRING THROUGH ITS DEDICATED LABORATORY FOR CONTROLLED, YEAR-ROUND, CORAL SEXUAL REPRODUCTION-A KEY STEP TO INFUSE FRESH GENETIC DIVERSITY INTO THE SCIENCE-BASED CORAL REEF RESTORATION MOTE IS SPEARHEADING. WITH OVER 1,600 GENOTYPES, MOTE HAS ONE OF THE LARGEST SINGLE COLLECTIONS OF LIVING CORAL GENETIC DIVERSITY IN EXISTENCE. OUR GENE BANK VISION BEGAN WITH A FOCUS ON CORALS ENDEMIC TO FLORIDA AND U.S. JURISDICTIONS OF THE CARIBBEAN, AND IT IS NOW EXPANDING TO INCLUDE CORAL GENETIC DIVERSITY FROM REEFS AROUND WORLD.

EXPENSES \$ 1,672,953. INCLUDING GRANTS OF \$ 67,869. REVENUE \$ 2,402,195

PART III, LINE 4D, OTHER PROGRAM SERVICES

MEMBERSHIP

IN FISCAL YEAR OCT. 2019-SEPT. 2020, MOTE MARINE LABORATORY & AQUARIUM WAS FORTUNATE TO CONTINUE STRENGTHENING OUR MEMBERSHIP PROGRAM WITH NEARLY 10,000 MEMBERS. MEMBERSHIP DUES PROVIDE UNRESTRICTED FUNDS THAT ARE ALLOCATED TO WHERE THE NEED IS GREATEST ANNUALLY TO SUPPORT MOTE'S OVERALL MISSION OF MARINE RESEARCH AND EDUCATION. INDIVIDUAL MEMBERSHIP LEVELS BEGIN AT \$70 FOR STUDENTS AND \$95 FOR GENERAL PUBLIC (PARTY OF TWO) AND RISE TO \$1,000 (PARTY OF 10). MEMBERSHIP BENEFITS INCLUDE UNRESTRICTED VISITS TO MOTE AQUARIUM, WITH THE NUMBER OF GUESTS ALLOWED BASED ON INDIVIDUAL MEMBERSHIP LEVELS; DISCOUNTS IN THE AQUARIUM SHOPS; FREE MEMBER-ONLY EVENTS; DISCOUNTS ON EDUCATION PROGRAMS AND CAMPS; FREE AND DISCOUNTED ADMISSIONS TO MORE THAN 100 RECIPROCAL ZOOS, AQUARIUMS AND GARDENS ACROSS THE UNITED STATES, AND MUCH MORE. FOR A COMPLETE LIST OF MEMBERSHIP LEVELS, BENEFITS AND OPPORTUNITIES, PLEASE

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VISIT MOTE.ORG/MEMBERSHIP.

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

THE PRESIDENT/CEO IS A VOTING BOARD MEMBER. WHEN ISSUES ARISE THAT MAY CAUSE A CONFLICT OF INTEREST, HE RECUSES HIMSELF.

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

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

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

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

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

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

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

THE GOVERNING DOCUMENTS INCLUDING THE ARTICLES OF INCORPORATION AND BY-LAWS, THE CONFLICT OF INTEREST POLICY, THE FORM 990 AND THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE ANNUAL AUDITED FINANCIAL STATEMENT AND FORM 990 PUBLIC COPY ARE 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 MARINE FOUNDATION, INC. 273,634.

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)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MOTE MARINE FOUNDATION, INC. - 59-2226800 1600 KEN THOMPSON PARKWAY SARASOTA, FL 34236	PROVIDES FUNDS TO SUPPORT MOTE MARINE LABORATORY	FLORIDA	501(C)(3)	LINE 12A, I			X

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

Schedule R (Form 990) 2019

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 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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

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

Report of Employer-Owned Life Insurance Contracts

▶ **Attach to the policyholder's tax return. See instructions.**
 ▶ **Go to www.irs.gov/Form8925 for the latest information.**

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

Type of business
NONPROFIT

1 Enter the number of employees the policyholder had at the end of the tax year	1	238.
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 <i>Section 1035 exchanges</i> for an exception	2	1.
3 Enter the total amount of employer-owned life insurance in force at the end of the tax year for employees who were insured under the contract(s) specified on line 2	3	25,000.
4a Does the policyholder have a valid consent for each employee included on line 2? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid consent	4b	

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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 filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. MOTE MARINE LABORATORY, INC.	Taxpayer identification number (TIN) 59-0756643
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1600 KEN THOMPSON PARKWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SARASOTA, FL 34236	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DEB ALLEN SCHULTZ @ MOTE MARINE LABORATORY

- The books are in the care of ▶ **1600 KEN THOMPSON PARKWAY - SARASOTA, FL 34236**
Telephone No. ▶ **941-388-4441** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 16, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2019**, and ending **SEP 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.