

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning OCT 1, 2021, and ending SEP 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

**MOTE MARINE LABORATORY, INC.**

EIN or SSN

**59-0756643**

Name and title of officer or person subject to tax **MICHAEL P. CROSBY, PH.D.**  
**CEO**

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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	<b>47,804,418.</b>
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 V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

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 tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax

Date

**8/15/23**

### 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.

**56249519908**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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

**8/15/23**

**ERO Must Retain This Form - See Instructions**

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

102521 01-11-22

10150815 759428 49830

2021.06010 MOTE MARINE LABORATORY, INC 49830\_\_1

Form **990**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2021 calendar year, or tax year beginning** OCT 1, 2021 **and ending** SEP 30, 2022

<b>B</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	<b>C Name of organization</b> 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 <b>F Name and address of principal officer:</b> MICHAEL P. CROSBY, PH.D. SAME AS C ABOVE	<b>D Employer identification number</b> 59-0756643  <b>E Telephone number</b> (941) 388-4441  <b>G Gross receipts \$</b> 48,189,316.  <b>H(a) Is this a group return for subordinates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all subordinates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. See instructions  <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <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		
<b>J Website:</b> ▶ WWW.MOTE.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> 1955		<b>M State of legal domicile:</b> FL

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>ADVANCING THE SCIENCE OF THE SEA THROUGH RESEARCH, EDUCATION AND OUTREACH.</b> 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) ..... <b>3</b> 28 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 27 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>5</b> 327 6 Total number of volunteers (estimate if necessary) ..... <b>6</b> 1495 7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> 0.																									
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**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.

<b>Sign Here</b>	Signature of officer MICHAEL P. CROSBY, PH.D., CEO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name REBECCA U. STONER	Preparer's signature Date
	Firm's name ▶ KERKERING, BARBERIO & CO. Firm's address ▶ P.O. BOX 49348 SARASOTA, FL 34230-6348	Check if self-employed <input type="checkbox"/> PTIN P00585910 Firm's EIN ▶ 59-1753337 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 \$ 19,691,812. including grants of \$ 0. ) (Revenue \$ 14,472,598. ) SEE SCHEDULE O:

4b (Code: ) (Expenses \$ 4,651,239. including grants of \$ 0. ) (Revenue \$ 6,929,893. ) SEE SCHEDULE O:

4c (Code: ) (Expenses \$ 1,218,019. including grants of \$ 401,009. ) (Revenue \$ 296,586. ) SEE SCHEDULE O:

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,789,601. including grants of \$ 97,806. ) (Revenue \$ 4,634,845. )

4e Total program service expenses 28,350,671.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b>	X
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> 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> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b>	X
<b>c</b> 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> .....	<b>11c</b>	X
<b>d</b> 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> .....	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> 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> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</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> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b>	X
<b>15</b> 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> .....	<b>15</b>	X
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<b>17</b>	X
<b>18</b> 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> .....	<b>18</b> X	
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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> .....	<b>21</b> X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> 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? If "Yes," complete Schedule L, Part II		X
<b>27</b> 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? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations on 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
<b>c</b> 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)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational compliance.

**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
<b>1a</b>	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.		
	<b>1a</b> 28		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 27		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL P. CROSBY PH.D PRESIDENT/CEO	40.00	X		X				395,715.	0.	16,735.
(2) MICHAEL MOORE SPECIAL ASST TO PRESIDE	40.00					X		201,422.	0.	15,602.
(3) RICHARD PIERCE, PH.D ASSISTANT VICE PRESIDENT	40.00					X		165,285.	0.	13,193.
(4) KEVIN COOPER VICE PRESIDENT	40.00					X		149,111.	0.	13,663.
(5) DANIEL BEBAK VICE PRESIDENT	40.00					X		145,662.	0.	12,315.
(6) DANA WETZEL SR. SCIENTIST	40.00					X		139,723.	0.	12,559.
(7) DEBORAH ALLEN SCHULTZ CFO & VICE PRESIDENT	40.00			X				124,765.	0.	5,238.
(8) BARBARA BRIZDLE TRUSTEE	5.00	X						0.	0.	0.
(9) RICHARD O. DONEGAN TRUSTEE	5.00	X						0.	0.	0.
(10) ROGAN DONELLY TRUSTEE	5.00	X						0.	0.	0.
(11) DR. ANDREW ECONOMOS TRUSTEE	5.00	X						0.	0.	0.
(12) DEAN EISNER TRUSTEE	5.00	X						0.	0.	0.
(13) JAMES D. ERICSON TRUSTEE	5.00	X						0.	0.	0.
(14) SUSAN C. GILMORE TRUSTEE	5.00	X						0.	0.	0.
(15) ROD HERSHBERGER TRUSTEE	5.00	X						0.	0.	0.
(16) BARBARA JENNINGS TRUSTEE	5.00	X						0.	0.	0.
(17) PENELOPE KINGMAN 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ELIZABETH MOORE TRUSTEE	5.00	X						0.	0.	0.
(19) LTC FRANCES PRESLEY RICE TRUSTEE	5.00	X						0.	0.	0.
(20) ALAN ROSE TRUSTEE	5.00	X						0.	0.	0.
(21) DR. HARRIS SILVERMAN TRUSTEE	5.00	X						0.	0.	0.
(22) JEANIE STEVENSON TRUSTEE	5.00	X						0.	0.	0.
(23) ARTHUR ARMITAGE CHAIRMAN EMERITUS	5.00	X						0.	0.	0.
(24) EUGENE BECKSTEIN CHAIRMAN EMERITUS	5.00	X						0.	0.	0.
(25) ROBERT CARTER CHAIRMAN EMERITUS	5.00	X						0.	0.	0.
(26) FREDERICK M. DERR, P.E. CHAIRMAN EMERITUS	5.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,321,683.	0.	89,305.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,321,683.	0.	89,305.

**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 **13**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	
<b>5</b> 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
TVS FLORIDA, INC. 1230 PEACHTREE STREET NE, ATLANTA, GA 30309	ARCHITECTURAL SERVICES	3,120,673.
THE WHITING-TURNER CONTRACTING COMPANY P.O. BOX 17596, BALTIMORE, MD 21297	PRECONSTRUCTION SCHEMATIC DESIGN	1,014,606.
ACOMB OSTENDORF AND ASSOCIATES, LLC 906 RAILROAD AVE, WINTER PARK, FL 32789	PROJECT MGMT AND DESIGN	882,174.

**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 **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Robert Essner, Judy Graham, G. Lowe Morrison, Howard Seider, Jr., Maurice Cunneffe, Sandra Stuart, R. Scott Collins, and Hobart (Skip) Swan.

Total to Part VII, Section A, line 1c .....

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	386,667.				
	<b>d</b> Related organizations	<b>1d</b>	465,741.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	20,093,764.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,117,663.				
	<b>h Total.</b> Add lines 1a-1f		20,946,172.				
	<b>Program Service Revenue</b>			<b>Business Code</b>			
<b>2 a</b> RESEARCH			541700	14,472,598.	14,472,598.		
<b>b</b> AQUARIUM			713990	6,929,893.	6,929,893.		
<b>c</b> PROTECT OUR REEFS - LICENSE PLATE			900099	1,350,873.	1,350,873.		
<b>d</b> MEMBERSHIPS			900099	1,118,070.	1,118,070.		
<b>e</b> EDUCATION AND DISTANCE LEARNING			611710	296,586.	296,586.		
<b>f</b> All other program service revenue			900099	2,165,902.	2,165,902.		
<b>g Total.</b> Add lines 2a-2f				26,333,922.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			68,043.		68,043.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	19,913.	3,200.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	34,306.	4,799.			
	<b>c</b> Gain or (loss)	<b>7c</b>	-14,393.	-1,599.			
<b>d</b> Net gain or (loss)			-15,992.		-15,992.		
<b>8 a</b> Gross income from fundraising events (not including \$ 386,667. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		173,988.				
<b>b</b> Less: direct expenses	<b>8b</b>	309,846.					
<b>c</b> Net income or (loss) from fundraising events			-135,858.		-135,858.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		644,078.				
<b>b</b> Less: cost of goods sold	<b>10b</b>	35,947.					
<b>c</b> Net income or (loss) from sales of inventory			608,131.		608,131.		
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			47,804,418.	26,333,922.	0.	524,324.	

**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	97,806.	97,806.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	401,009.	401,009.		
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	544,163.	147,885.	332,616.	63,662.
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	13,399,269.	10,719,509.	1,534,196.	1,145,564.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	518,336.	409,810.	64,494.	44,032.
9 Other employee benefits	1,019,671.	799,912.	130,861.	88,898.
10 Payroll taxes	938,041.	731,756.	124,947.	81,338.
11 Fees for services (nonemployees):				
a Management				
b Legal	144,923.	92,247.	52,048.	628.
c Accounting	72,600.	46,212.	26,073.	315.
d Lobbying	153,768.			153,768.
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.)	3,095,228.	2,959,237.	121,976.	14,015.
12 Advertising and promotion	474,701.	340,361.	9,562.	124,778.
13 Office expenses	1,292,421.	976,651.	171,061.	144,709.
14 Information technology				
15 Royalties				
16 Occupancy	1,052,058.	691,375.	358,788.	1,895.
17 Travel	370,478.	324,044.	18,204.	28,230.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	79,417.	55,379.	3,111.	20,927.
20 Interest	207,150.	26,195.	180,955.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,499,729.	564,100.	1,935,629.	
23 Insurance	730,895.	248,621.	472,531.	9,743.
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 <b>EQUIPMENT RENTAL &amp; MAIN</b>	1,973,915.	1,475,110.	494,224.	4,581.
b <b>SUPPLIES</b>	1,639,993.	1,619,346.	20,647.	
c <b>INTERNAL RENTALS</b>	0.	124,374.	-129,265.	4,891.
d <b>OVERHEAD ALLOCATION</b>	0.	4,872,447.	-4,872,447.	
e All other expenses	711,611.	627,285.	84,326.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>31,417,182.</b>	<b>28,350,671.</b>	<b>1,134,537.</b>	<b>1,931,974.</b>
<b>26 Joint costs.</b> 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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	9,366,255.	<b>1</b>	5,017,722.	
	<b>2</b> Savings and temporary cash investments .....	7,377,459.	<b>2</b>	10,455,243.	
	<b>3</b> Pledges and grants receivable, net .....	12,143,496.	<b>3</b>	14,473,887.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> 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 .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	21,103.	<b>8</b>	34,181.	
	<b>9</b> Prepaid expenses and deferred charges .....	104,913.	<b>9</b>	145,529.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 68,662,269.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 47,079,084.			
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	37,863,677.	<b>15</b>	47,981,505.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	89,374,778.	<b>16</b>	99,691,252.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,475,477.	<b>17</b>	3,739,613.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	5,480,276.	<b>19</b>	5,700,562.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> 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 .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	8,117,143.	<b>23</b>	6,864,015.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	595,355.	<b>25</b>	611,078.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	18,668,251.	<b>26</b>	16,915,268.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	35,976,166.	<b>27</b>	52,063,983.	
	<b>28</b> Net assets with donor restrictions .....	34,730,361.	<b>28</b>	30,712,001.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	70,706,527.	<b>32</b>	82,775,984.	
<b>33</b> Total liabilities and net assets/fund balances .....	89,374,778.	<b>33</b>	99,691,252.		

**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	47,804,418.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,417,182.
3	Revenue less expenses. Subtract line 2 from line 1	3	16,387,236.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70,706,527.
5	Net unrealized gains (losses) on investments	5	-121,052.
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	-4,196,727.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	82,775,984.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		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 (2021)



SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

Total

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7,019,564.	12,741,272.	17,318,971.	19,783,034.	20,946,172.	77,809,013.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	7,019,564.	12,741,272.	17,318,971.	19,783,034.	20,946,172.	77,809,013.
<b>5</b> 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) .....						11,498,444.
<b>6 Public support.</b> Subtract line 5 from line 4.						66,310,569.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	7,019,564.	12,741,272.	17,318,971.	19,783,034.	20,946,172.	77,809,013.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	12,563.	47,184.	41,524.	27,735.	68,043.	197,049.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						78,006,062.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	99,454,425.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	85.01 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	84.53 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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; 19b 33 1/3% support tests - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> 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 <b>Part VI</b> 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.			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization  <b>MOTE MARINE LABORATORY, INC.</b>	Employer identification number  <b>59-0756643</b>
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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>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ <u>1,276,982.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ <u>1,098,163.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ <u>1,063,455.</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>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>MOTE MARINE LABORATORY, INC.</b>	Employer identification number  <b>59-0756643</b>
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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>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ <u>498,906.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>MOTE MARINE LABORATORY, INC.</b>	Employer identification number  <b>59-0756643</b>
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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
<u>4</u>	VARIOUS SECURITIES _____ _____ _____	\$ <u>1,251,032.</u>	<u>04/21/22</u>
<u>7</u>	VARIOUS SECURITIES _____ _____ _____	\$ <u>498,656.</u>	<u>07/18/22</u>
_____ _____	_____ _____ _____	\$ _____	_____
_____ _____	_____ _____ _____	\$ _____	_____
_____ _____	_____ _____ _____	\$ _____	_____
_____ _____	_____ _____ _____	\$ _____	_____



Name of organization  <b>MOTE MARINE LABORATORY, INC.</b>	Employer identification number  <b>59-0756643</b>
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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)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

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](http://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 <b>MOTE MARINE LABORATORY, INC.</b>	Employer identification number <b>59-0756643</b>
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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) 2021

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	153,768.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	153,768.													
<b>d</b>	Other exempt purpose expenditures .....	31,263,414.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	31,417,182.													
<b>f</b>	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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	145,086.	151,353.	129,171.	153,768.	579,378.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> 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
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	<b>5</b>	

**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.

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**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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? .....

Yes  No

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)? .....

Yes  No

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

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

Complete if the organization answered "Yes" 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 .....

▶ \$ \_\_\_\_\_

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

Schedule D (Form 990) 2021

**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	626,331.	623,172.	622,492.	622,783.	621,318.
b Contributions					
c Net investment earnings, gains, and losses	-775.	3,472.	680.	10.	1,774.
d Grants or scholarships					
e Other expenditures for facilities and programs	13,506.	313.		301.	309.
f Administrative expenses					
g End of year balance	612,050.	626,331.	623,172.	622,492.	622,783.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  .0000 %
  - b Permanent endowment  100.0000 %
  - c Term endowment  .0000 %
- 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		7,519,082.		7,519,082.
b Buildings		43,017,919.	32,510,837.	10,507,082.
c Leasehold improvements				
d Equipment		15,489,425.	12,511,161.	2,978,264.
e Other		2,635,843.	2,057,086.	578,757.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>21,583,185.</b>

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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.	16,481,634.
(2) PATENTS	79,286.
(3) CONSTRUCTION IN PROGRESS	30,004,708.
(4) INVESTMENT IN DEFERRED COMPENSATION PLAN	611,078.
(5) DUE FROM RELATED ORGANIZATION	470,049.
(6) INTANGIBLES	334,750.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	47,981,505.

**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	611,078.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	611,078.

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	43,832,432.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	-121,052.	
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	-4,196,727.	
	e Add lines 2a through 2d	2e		-4,317,779.
3	Subtract line 2e from line 1		3	48,150,211.
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	-345,793.	
	c Add lines 4a and 4b	4c		-345,793.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	47,804,418.

**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	31,762,975.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	345,793.	
	e Add lines 2a through 2d	2e		345,793.
3	Subtract line 2e from line 1		3	31,417,182.
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	31,417,182.

**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. -4,196,727.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED WITH SALES IN PART VIII FORM 990 -35,947.

SPECIAL EVENTS EXPENSES INCLUDED IN PART VIII FORM 990 -309,846.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -345,793.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED WITH SALES IN PART VIII FORM 990 35,947.

SPECIAL EVENT EXPENSES INCLUDED IN PART VIII FORM 990 309,846.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 345,793.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://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 Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**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	PARTY ON THE PASS	3		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	346,799.	85,530.	128,325.	560,654.
	2	Less: Contributions	282,099.	53,430.	51,138.	386,667.
	3	Gross income (line 1 minus line 2)	64,700.	32,100.	77,187.	173,987.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	21,944.	8,817.	9,773.	40,534.
	7	Food and beverages	152,891.	9,964.	36,956.	199,811.
	8	Entertainment			5,475.	5,475.
	9	Other direct expenses	15,430.	15,478.	33,117.	64,025.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				309,845.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-135,858.

**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: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 Director/officer     Employee     Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SCUBANAUTS INTERNATIONAL, INC. 1497 MAIN STREET #221 DUNEDIN, FL 34698	01-0843142	501(C)(3)	21,027.	0.			PROTECT OUR REEFS GRANT
FLORIDA STATE UNIVERSITY 874 TRADITIONS WAY, 3RD FLOOR TALLAHASSEE, FL 32306	59-1961248	THE STATE OF FLORIDA	14,591.	0.			PROTECT OUR REEFS GRANT
ECKERD COLLEGE 4200 54TH AVE. S. ST. PETERSBURG, FL 33711	59-0859121	501(C)(3)	13,235.	0.			PROTECT OUR REEFS GRANT
UNIVERSITY OF SOUTH FLORIDA 3702 SPECTRUM BLVD STE 165 TAMPA, FL 33612	59-3102112	THE STATE OF FLORIDA	13,166.	0.			PROTECT OUR REEFS GRANT
FLORIDA SOUTHERN UNIVERSITY 111 LAKE HOLLINGSWORTH DR LAKELAND, FL 33801	59-0624401	501(C)(3)	9,426.	0.			PROTECT OUR REEFS GRANT
UNIVERSITY OF NORTH FLORIDA 1 UNF DRIVE JACKSONVILLE, FL 32224	59-2976169	THE STATE OF FLORIDA	8,023.	0.			PROTECT OUR REEFS GRANT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **8.**
- 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) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISLAMORADA CONSERVATION AND RESTORATION EDUCATION - 79851 OVERSEAS HWY - ISLAMORADA, FL 33036	86-1391515	501(C)(3)	7,453.	0.			PROTECT OUR REEFS GRANT
NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVENUE FT. LAUDERDALE, FL 33314	59-1083502	501(C)(3)	6,479.	0.			PROTECT OUR REEFS GRANT

**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
STIPENDS	216	401,009.	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 INTERNSHIP GRANTS ARE AWARDED TO INDIVIDUALS EACH YEAR. THE INTERNSHIP AWARD RANGES FROM \$500 TO \$2,000 FOR A MINIMUM 10 WEEK INTERNSHIP. AN INTERNSHIP/SCHOLARSHIP COMMITTEE AWARDS INTERNSHIPS 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

**2021**

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](http://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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL P. CROSBY PH.D PRESIDENT/CEO	(i)	350,715.	45,000.	0.	16,666.	69.	412,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL MOORE SPECIAL ASST TO PRESIDE	(i)	201,422.	0.	0.	10,403.	5,199.	217,024.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RICHARD PIERCE, PH.D ASSISTANT VICE PRESIDENT	(i)	165,285.	0.	0.	8,010.	5,183.	178,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KEVIN COOPER VICE PRESIDENT	(i)	139,111.	10,000.	0.	8,446.	5,217.	162,774.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DANIEL BEBAK VICE PRESIDENT	(i)	145,662.	0.	0.	7,098.	5,217.	157,977.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DANA WETZEL SR. SCIENTIST	(i)	139,723.	0.	0.	7,350.	5,209.	152,282.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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](http://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	25	2,117,663. 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 V, 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) 2021

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

MOTE MAINTAINS AN ACCOUNT WITH MORGAN STANLEY TO RECEIVE AND SELL STOCK GIFTS.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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 SEVEN TOTAL RESEARCH AND EDUCATION  
LOCATIONS FROM SARASOTA TO KEY WEST. MOTE HAS 24 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) 2021

132211 11-11-21

Name of the organization <b>MOTE MARINE LABORATORY, INC.</b>	Employer identification number <b>59-0756643</b>
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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, PUBLIC CORAL REEF EXHIBITS IN KEY WEST AND ISLAMORADA AND IN 2022, A NEW CORAL NURSERY IN KEY LARGO.

OUR STAFF OF MORE THAN 270 INCLUDES 41 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, ECOLOGY; HARMFUL ALGAL BLOOM DYNAMICS AND MITIGATION; CORAL REEF RESEARCH AND RESTORATION; MARINE MAMMAL AND SEA TURTLE BIOLOGY, POPULATION DYNAMICS AND REHABILITATION; 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. IN FY2022, MOTE AND WORLDWIDE PARTNERS DETERMINED THE INTERNATIONAL SHARK FIN TRADE HAS RESULTED IN 70% OF SHARK SPECIES TO BE AT RISK OF EXTINCTION. ALONG WITH MORE IN-DEPTH RESEARCH TO IDENTIFY THOSE MOST AT RISK, THE TEAM IS FOCUSED ON GLOBAL



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EDUCATION AND AWARENESS TO IMPROVE SHARK AND RAY PROTECTIONS. FOR A FULL AND CURRENT LISTING OF MOTE MARINE LABORATORY'S RESEARCH AND INITIATIVES, PLEASE VISIT MOTE.ORG.

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 MOTE AQUARIUM FEATURES HUNDREDS OF MARINE SPECIES FROM LOCAL TO INTERNATIONAL OCEAN ECOSYSTEMS WHICH ENHANCE PUBLIC OCEAN LITERACY TO SUPPORT CONSERVATION AND SUSTAINABLE USE OF MARINE RESOURCES. IN FY2022, MOTE EXPERIENCED A RECORD-BREAKING ATTENDANCE OF 378,000 GUESTS.

ESTABLISHED IN 1980, MOTE AQUARIUM HAS GROWN TO FEATURE SEVERAL SPECIES OF SHARKS AND NUMEROUS SPECIES OF BONY FISHES, SEA TURTLES AND TERRAPINS; A FLORIDA WATERSHED EXHIBIT FEATURING NATIVE SPECIES INCLUDING MANATEES, NORTH AMERICAN RIVER OTTERS, ALLIGATORS, ROSEATE SPOONBILLS AND A GOPHER TORTOISE; INVERTEBRATES INCLUDING MULTIPLE SPECIES OF REEF-BUILDING CORALS, MOLLUSKS AND CRUSTACEANS, AND RELATED DISPLAYS OF SCIENCE, TECHNOLOGY AND CONSERVATION CONTENT. MOTE AQUARIUM

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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 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.

MOTE EARNED AN AUTISM FRIENDLY BUSINESS DESIGNATION FROM THE CENTER FOR AUTISM AND RELATED DISORDERS AT THE UNIVERSITY OF SOUTH FLORIDA DUE TO SPECIALIZED STAFF TRAINING TO PROVIDE THOSE WITH AUTISM A WELCOMING ENVIRONMENT. MOTE ALSO CONTINUED THE ADVANCE TICKETING WITH TIMED ENTRY; INITIALLY ESTABLISHED IN RESPONSE TO COVID AND AFTER DISCOVERING IT SIGNIFICANTLY ENHANCED THE VISITOR EXPERIENCE (INCLUDING THOSE WITH SPECIAL NEEDS).

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.

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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 9,000 MOTE MEMBERS STAY CONNECTED THROUGH MOTE AQUARIUM AND HELP TO SUPPORT MULTIPLE FACETS OF MOTE'S MISSION.

IN FY2022, SITE PREPARATIONS WERE COMPLETED FOR THE NEW MOTE SCIENCE EDUCATION AQUARIUM (MOTE SEA) 13 MILES INLAND ALONG BUSY I-75 IN SARASOTA. MOTE SEA WILL BE DEDICATED TO IMPROVING ACCESS TO MARINE SCIENCE AND TECHNOLOGY, WILL HAVE INTERACTIVE STATE-OF-THE-ART STEM TEACHING LABS AND ENSURE THAT ANNUAL EDUCATIONAL PROGRAMMING IS AVAILABLE TO APPROXIMATELY 70,000 STUDENTS FROM SARASOTA AND MANATEE COUNTY SCHOOLS FREE OF CHARGE. UPWARD CONSTRUCTION BEGAN NEAR FISCAL YEAR END WITH ANTICIPATED COMPLETION LATE 2024.

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

Name of the organization

MOTE MARINE LABORATORY, INC.

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59-0756643

## 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 NOW REACH NEARLY 48,000 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 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

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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 AWARDED 216 UNDERGRADUATE INTERNSHIPS IN FY2022, OF WHICH 82% WERE FILLED BY UNDERREPRESENTED MINORITY STUDENTS

MOTE'S EDUCATION TEAM OVERSEES NEARLY 1,500 TRAINED VOLUNTEERS WHO HELP TO ADVANCE MOTE'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. TWO VOLUNTEERS HAVE GIVEN THEIR TIME TO MOTE'S MISSION FOR 35 AND 40 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. INITIALLY IN RESPONSE TO THE GLOBAL PANDEMIC IN 2020, MOTE EDUCATORS CREATED A WEALTH OF NEW AND INNOVATIVE VIRTUAL LEARNING PROGRAMS AND DIGITAL CONTENT THAT ENABLE K-12 TEACHERS AND STUDENTS TO INTERACT AND LEARN REMOTELY. IN FY2022, THE POPULARITY OF THESE PROGRAMS AND PLATFORMS INDICATED CONTINUING GROWTH AND INVESTMENT IN FLEXIBLE LEARNING ENVIRONMENTS.

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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.

IN FY2022, MOTE WORKED CLOSELY WITH THE CITY OF ANNA MARIA TO DESIGN AND BEGIN CONSTRUCTION OF AN INNOVATIVE NEW LEARNING CENTER ON THE HISTORIC ANNA MARIA CITY PIER. SET TO OPEN SPRING 2023, THIS INTERACTIVE, HANDS-ON FACILITY WILL BE FREE OF CHARGE TO THE PUBLIC. MOTE'S EDUCATION TEAM WILL COORDINATE WITH LOCAL SCHOOLS TO HOST FIELD TRIPS THAT WILL HELP STUDENTS BETTER UNDERSTAND, APPRECIATE, PROTECT AND CONSERVE THE AREA'S NATIVE MARINE ECOSYSTEM.

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.

Name of the organization

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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 PROTECT OUR REEFS (POR) SPECIALTY LICENSE PLATE 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.

Name of the organization <b>MOTE MARINE LABORATORY, INC.</b>	Employer identification number <b>59-0756643</b>
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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 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 APPLICATIONS.

**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



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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  
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

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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. IN 2021, MOTE COMPLETED A CUTTING-EDGE FACILITY TO DO JUST THAT, AS PART OF THE 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. IN FY2022, INITIATIVE SCIENTISTS ADVANCED MITIGATION TECHNOLOGIES TO LARGER SCALE TESTING AND IMPROVED RED TIDE DETECTION TECHNOLOGIES FOR FASTER RESPONSE. MORE THAN 200 RED TIDE MITIGATION COMPOUNDS AND PROCESSES HAVE BEEN TESTED TO IDENTIFY THE MOST PROMISING CANDIDATES FOR CONTROLLED, PERMITTED FIELD TESTING.

MOTE'S INTERNATIONAL CORAL GENE BANK - CORAL REEFS ARE EXPERIENCING UNPRECEDENTED DIE-OFFS WORLDWIDE, AND IT'S CRITICAL TO RESTORE THEM

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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 CREATED A UNIQUE, LARGE-SCALE, LAND-BASED, LIVING CORAL GENE BANK, ORIGINALLY FOR 1,650 CORALS OF 14 SPECIES AND NEARLY 2,000 GENETIC TYPES OF CORALS; IN FY2022, THESE INCREASED TO 2,111 CORALS OF 21 SPECIES AND 6,455 CORAL GENETIC VARIETIES; THE LARGEST SINGLE DIVERSE COLLECTION IN THE WORLD. MOTE'S INTERNATIONAL CORAL GENE BANK AT THE MOTE AQUACULTURE RESEARCH PARK FACILITY CONTAINS FOUR SEPARATE LIFE-SUPPORT SYSTEMS, SO IF ONE SYSTEM FAILS, CORALS SUPPORTED BY OTHER SYSTEMS WILL BE PRESERVED. THESE SYSTEMS HAVE ROOM FOR UP TO 500 MATURE PARENT CORALS OR 15,000 SMALL CORAL FRAGMENTS. THE FACILITY PROVIDES PRECISION CONTROL OF TEMPERATURE, CHEMISTRY, WATER LEVEL, LIGHTING AND MORE, TO KEEP THE CORALS HAPPY AND HEALTHY. IN FY2022, MOTE'S GENE BANK ALSO PRODUCED 200 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. 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.

IN 2022, MOTE SCIENTISTS HATCHED 67 CLUTCHES OF RESILIENT CARIBBEAN KING CRAB LARVAE FOR FUTURE INTRODUCTION TO CORAL REEFS; THEY ARE BENEFICIAL TO THE HEALTH OF CORAL REEFS SINCE THEY GRAZE ON DETRIMENTAL ALGAE.

EXPENSES \$ 2,789,601. INCLUDING GRANTS OF \$ 97,806. REVENUE \$ 4,634,845.

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PART III, LINE 4D, OTHER PROGRAM SERVICES

MEMBERSHIP

IN FISCAL YEAR OCT. 2021-SEPT. 2022 WITH COVID-19 UNDER CONTROL, MEMBERSHIP REVENUES NEARLY DOUBLED TO \$1.1 MILLION FROM THE PRIOR YEAR. MEMBERSHIP DUES CONTINUE TO 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 \$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 VISIT MOTE.ORG/MEMBERSHIP.

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

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.

Name of the organization

MOTE MARINE LABORATORY, INC.

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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.

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.

-4,196,727.

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

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

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

Multiple horizontal lines for additional text entry.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**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) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> 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)			



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.

**Report of Employer-Owned Life Insurance Contracts**

▶ **Attach to the policyholder's tax return. See instructions.**  
 ▶ **Go to [www.irs.gov/Form8925](http://www.irs.gov/Form8925) for the latest information.**

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

Type of business  
**NONPROFIT**

<b>1</b> Enter the number of employees the policyholder had at the end of the tax year .....	<b>1</b>	<b>269.</b>
<b>2</b> 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 .....	<b>2</b>	<b>1.</b>
<b>3</b> 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 .....	<b>3</b>	<b>25,000.</b>
<b>4a</b> Does the policyholder have a valid consent for each employee included on line 2? See instructions ..... <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
<b>b</b> If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid consent .....	<b>4b</b>	