

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the **2011** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MOTE MARINE LABORATORY, INC.		D Employer identification number 59-0756643
	Doing Business As		E Telephone number (941) 388-4441
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1600 KEN THOMPSON PARKWAY	G Gross receipts \$ 19,190,902.	
	City or town, state or country, and ZIP + 4 SARASOTA, FL 34236		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: KUMAR MAHADEVAN, PH.D. SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.MOTE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1955 M State of legal domicile: FL

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ADVANCING THE SCIENCE OF THE SEA THROUGH RESEARCH, EDUCATION AND OUTREACH.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	219
	6 Total number of volunteers (estimate if necessary)	6	1666
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,613,531.	2,729,063.
	9 Program service revenue (Part VIII, line 2g)	14,220,086.	14,913,711.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,984.	42,502.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	532,870.	514,051.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,401,471.	18,199,327.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	217,956.	256,317.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,303,745.	9,605,651.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 889,379.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,806,755.	9,808,790.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,328,456.	19,670,758.	
19 Revenue less expenses. Subtract line 18 from line 12	-926,985.	-1,471,431.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 46,005,743.	End of Year 48,051,305.
	21 Total liabilities (Part X, line 26)	13,411,095.	14,590,172.
	22 Net assets or fund balances. Subtract line 21 from line 20	32,594,648.	33,461,133.

Part II Signature Block

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

Sign Here	Signature of officer	Date
	KUMAR MAHADEVAN, PH.D., CEO	5-7-12
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	REBECCA U. STONER	
Preparer Use Only	Firm's name ▶ KERKERING, BARBERIO & CO.	Firm's EIN ▶ 59-1753337
	Firm's address ▶ P.O. BOX 49348 SARASOTA, FL 34230-6348	Phone no. 941-365-4617

Part III Statement of Program Service Accomplishments

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

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

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

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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,874,734. including grants of \$ 76,582.) (Revenue \$ 9,234,651.) SEE SCHEDULE O:

4b (Code:) (Expenses \$ 3,256,696. including grants of \$) (Revenue \$ 2,964,403.) SEE SCHEDULE O:

4c (Code:) (Expenses \$ 688,355. including grants of \$ 23,150.) (Revenue \$ 457,522.) SEE SCHEDULE O:

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,226,299. including grants of \$ 156,585.) (Revenue \$ 2,257,135.)

4e Total program service expenses 17,046,084.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No response. Includes rows 1a-14a with various tax-related questions and numerical inputs.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	24		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **DENA SMITH @ MOTE MARINE LABORATORY - 941-377-4441**
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 to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN ROSE TRUSTEE	5.00	X						0.	0.	0.
(2) ARTHUR ARMITAGE TRUSTEE	5.00	X						0.	0.	0.
(3) EDWARD H. JENNINGS TRUSTEE	5.00	X						0.	0.	0.
(4) EUGENIE CLARK, PH.D. TRUSTEE	5.00	X						0.	0.	0.
(5) FREDERICK M. DERR, P.E. TRUSTEE	5.00	X						0.	0.	0.
(6) G. LOWE MORRISON TRUSTEE	5.00	X						0.	0.	0.
(7) HOWARD SEIDER, JR., M.D. TRUSTEE	5.00	X						0.	0.	0.
(8) JAMES D. ERICSON TRUSTEE	5.00	X						0.	0.	0.
(9) JAMES SCHELL TRUSTEE	5.00	X						0.	0.	0.
(10) JUDY GRAHAM TRUSTEE	5.00	X						0.	0.	0.
(11) MARY LOU JOHNSON TRUSTEE	5.00	X						0.	0.	0.
(12) PENELOPE KINGMAN TRUSTEE	5.00	X						0.	0.	0.
(13) RICHARD O. DONEGAN TRUSTEE	5.00	X						0.	0.	0.
(14) ROBERT ESSNER TRUSTEE	5.00	X						0.	0.	0.
(15) RONALD A. JOHNSON TRUSTEE	5.00	X						0.	0.	0.
(16) RONALD CIARAVELLA TRUSTEE	5.00	X						0.	0.	0.
(17) SUSAN C. GILMORE 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SYLVIA EARLE PH.D. TRUSTEE	5.00	X						0.	0.	0.
(19) WILLIAM S. GALVANO, ESQ TRUSTEE	5.00	X						0.	0.	0.
(20) ROBERT CARTER CHAIRMAN	5.00	X		X				0.	0.	0.
(21) GENE BECKSTEIN VICE-CHAIR	5.00	X		X				0.	0.	0.
(22) LT GEN HOWARD G. CROWELL, JR TREASURER	5.00	X		X				0.	0.	0.
(23) MICKEY CALLANEN SECRETARY	5.00	X		X				0.	0.	0.
(24) KUMAR MAHADEVAN, PH. D PRESIDENT/CEO	40.00	X		X				267,281.	0.	14,800.
(25) DENA J. SMITH CFO & VP, ADMINISTRATION	40.00			X				102,520.	0.	19,052.
(26) DAVID VAUGHAN SR SCIENTIST	40.00					X		145,655.	0.	3,800.
1b Sub-total								515,456.	0.	37,652.
c Total from continuation sheets to Part VII, Section A								625,718.	0.	45,781.
d Total (add lines 1b and 1c)								1,141,174.	0.	83,433.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SARASOTA BAY EXPLORERS 1923 LINCOLN DRIVE, SARASOTA, FL 34236	ECO-TOURISM BOAT TOURS	603,004.
MANCINI DINERS 4411 BEAUCHAMP COURT, SARASOTA, FL 34243	DINER AT MOTE AQUARIUM	376,370.
HUBBS-SEA WORLD RESEARCH INSTITUTE 2595 INGRAHAM ST, SAN DIEGO, CA 92109	SCIENTIFIC RESEARCH SUBAGREEMENT	278,291.
UNIVERSITY OF SOUTHERN MISSISSIPPI 118 COLLEGE DR, HATTIESBURG, MS 39406	SCIENTIFIC RESEARCH SUBAGREEMENT	268,964.
UNH OFFICE OF SPONSORED RESEARCH, UNIVERSITY OF NEW HAMPSHIRE, DURHAM, NC	SCIENTIFIC RESEARCH SUBAGREEMENT	223,297.

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 **8**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	219,372.				
	d Related organizations	1d	456,998.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	205,269.3.				
	g Noncash contributions included in lines 1a-1f: \$		665,875.				
	h Total. Add lines 1a-1f		272,906.3.				
	Program Service Revenue	2 a RESEARCH	Business Code 541700	923,465.1.	923,465.1.		
b AQUARIUM		713990	296,440.3.	296,440.3.			
c PROTECT OUR REEFS - LI		900099	970,655.	970,655.			
d MEMBERSHIPS		900099	704,851.	704,851.			
e EDUCATION AND DISTANCE		611710	457,522.	457,522.			
f All other program service revenue		900099	581,629.	581,629.			
g Total. Add lines 2a-2f			14,913,711.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		24,641.			24,641.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities		1,902.	155,455.		
		(ii) Other					
		b Less: cost or other basis and sales expenses		2,051.	137,445.		
		c Gain or (loss)		-149.	18,010.		
	d Net gain or (loss)		17,861.			17,861.	
8 a Gross income from fundraising events (not including \$ 219,372. of contributions reported on line 1c). See Part IV, line 18	a		251,885.				
	b Less: direct expenses		278,754.				
	c Net income or (loss) from fundraising events		-26,869.			-26,869.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a		1,114,245.				
	b Less: cost of goods sold		573,325.				
	c Net income or (loss) from sales of inventory		540,920.			540,920.	
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			18,199,327.	14,913,711.	0.	556,553.	

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	150,835.	150,835.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	105,482.	105,482.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	398,653.	116,467.	232,619.	49,567.
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	7,628,847.	6,162,636.	1,082,017.	384,194.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	383,604.	311,180.	50,896.	21,528.
9 Other employee benefits	561,404.	452,771.	87,973.	20,660.
10 Payroll taxes	633,143.	494,250.	102,203.	36,690.
11 Fees for services (non-employees):				
a Management				
b Legal	4,762.	4,576.	186.	
c Accounting	44,000.		44,000.	
d Lobbying	78,000.			78,000.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	2,149,551.	2,054,628.	48,084.	46,839.
12 Advertising and promotion	247,416.	218,515.	782.	28,119.
13 Office expenses	756,652.	506,512.	104,676.	145,464.
14 Information technology				
15 Royalties				
16 Occupancy	786,720.	517,877.	267,434.	1,409.
17 Travel	371,910.	346,652.	6,629.	18,629.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	40,354.	36,243.	800.	3,311.
20 Interest	226,695.	173,314.	53,381.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,537,734.	872,671.	1,665,063.	
23 Insurance	449,271.	206,272.	236,296.	6,703.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT RENTAL & MAIN	1,138,941.	777,408.	355,110.	6,423.
b SUPPLIES	560,335.	556,627.	3,430.	278.
c INTERNAL RENTALS	0.	134,448.	-139,750.	5,302.
d OVERHEAD ALLOCATION	0.	2,467,165.	-2,467,165.	
e All other expenses	416,449.	379,555.	631.	36,263.
25 Total functional expenses. Add lines 1 through 24e	19,670,758.	17,046,084.	1,735,295.	889,379.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	176,231.	1	464,857.	
	2 Savings and temporary cash investments	2,038,642.	2	1,680,878.	
	3 Pledges and grants receivable, net	1,579,287.	3	2,000,452.	
	4 Accounts receivable, net	34,067.	4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	199,041.	8	268,881.	
	9 Prepaid expenses and deferred charges	88,321.	9	106,815.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 56,196,624.			
	b Less: accumulated depreciation	10b 29,065,653.	28,568,776.	10c	27,130,971.
	11 Investments - publicly traded securities			11	
	12 Investments - other securities. See Part IV, line 11	2,829,404.	12	1,939,989.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	10,491,974.	15	14,458,462.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	46,005,743.	16	48,051,305.		
Liabilities	17 Accounts payable and accrued expenses	1,216,466.	17	1,364,868.	
	18 Grants payable		18		
	19 Deferred revenue	2,806,160.	19	3,325,935.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	9,388,469.	23	9,899,369.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	13,411,095.	26	14,590,172.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	21,211,406.	27	19,033,804.	
	28 Temporarily restricted net assets	2,683,740.	28	5,725,344.	
	29 Permanently restricted net assets	8,699,502.	29	8,701,985.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	32,594,648.	33	33,461,133.	
34 Total liabilities and net assets/fund balances	46,005,743.	34	48,051,305.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,199,327.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,670,758.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,471,431.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,594,648.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,337,916.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	33,461,133.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	11g(i)
(ii) A family member of a person described in (i) above?	11g(ii)	11g(ii)
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	11g(iii)
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,054,776.	2,986,750.	2,362,824.	2,613,531.	2,729,063.	13,746,944.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,054,776.	2,986,750.	2,362,824.	2,613,531.	2,729,063.	13,746,944.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,962,708.
6 Public support. Subtract line 5 from line 4.						11,784,236.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,054,776.	2,986,750.	2,362,824.	2,613,531.	2,729,063.	13,746,944.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	97,986.	59,993.	24,647.	19,662.	24,641.	226,929.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						13,973,873.
12 Gross receipts from related activities, etc. (see instructions)					12	83,183,889.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	84.33	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	92.63	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

MOTE MARINE LABORATORY, INC.

59-0756643

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>56,410.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>244,161.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	_____ _____ _____	\$ <u>106,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	_____ _____ _____	\$ <u>134,342.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	_____ _____ _____	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 360,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	<hr/> <hr/> <hr/> <hr/>	\$ 188,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ <u>360,000.</u>	<u>01/24/11</u>
8	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ <u>188,000.</u>	<u>06/30/11</u>
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>	\$ _____	_____

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2011

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

Open to Public Inspection

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		109,422.													
c Total lobbying expenditures (add lines 1a and 1b)		109,422.													
d Other exempt purpose expenditures		19561336.													
e Total exempt purpose expenditures (add lines 1c and 1d)		19670758.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	101,143.	91,621.	105,447.	109,422.	407,633.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

59-0756643

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

(check all that apply):

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	614,696.	613,070.	610,362.	613,755.	
b Contributions				550.	
c Net investment earnings, gains, and losses	5,879.	10,630.	5,794.	11,852.	
d Grants or scholarships					
e Other expenditures for facilities and programs	6,248.	9,004.	3,086.	15,795.	
f Administrative expenses					
g End of year balance	614,327.	614,696.	613,070.	610,362.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 99.63 %
- c Temporarily restricted endowment .37 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,498,190.		7,498,190.
b Buildings		34,130,314.	16,617,485.	17,512,829.
c Leasehold improvements				
d Equipment		12,132,140.	10,728,309.	1,403,831.
e Other		2,435,980.	1,719,859.	716,121.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				27,130,971.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN MOTE MARINE FOUNDATION, INC.	13,406,501.
(2) DUE FROM MOTE MARINE FOUNDATION	21,086.
(3) DONATED ASSETS HELD FOR SALE	79,250.
(4) DUE FROM MESI	902,710.
(5) PATENTS	48,915.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	14,458,462.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,199,327.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	19,670,758.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,471,431.
4	Net unrealized gains (losses) on investments	4	-770.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	2,338,686.
9	Total adjustments (net). Add lines 4 through 8	9	2,337,916.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	866,485.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	21,464,804.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-770.
b	Donated services and use of facilities	2b	75,482.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	2,338,686.
e	Add lines 2a through 2d	2e	2,413,398.
3	Subtract line 2e from line 1	3	19,051,406.
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 XIV.)	4b	-852,079.
c	Add lines 4a and 4b	4c	-852,079.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,199,327.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	20,598,319.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	75,482.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	852,079.
e	Add lines 2a through 2d	2e	927,561.
3	Subtract line 2e from line 1	3	19,670,758.
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 XIV.)	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	19,670,758.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, 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

Part XIV Supplemental Information (continued)

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA
 FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE
 ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE
 FINANCIAL STATEMENTS OF THE LABORATORY.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN NET ASSETS OF MOTE MARINE FOUNDATION, INC.	3,228,101.
EQUITY EARNINGS IN SUBSIDIARY INCOME	-889,415.
TOTAL TO SCHEDULE D, PART XI, LINE 8	2,338,686.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EQUITY EARNINGS IN SUBSIDIARY INCOME	-889,415.
CHANGE IN NET ASSETS OF MOTE MARINE FOUNDATION, INC.	3,228,101.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,338,686.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED WITH SALES INCLUDED IN PART VIII FORM 990	-573,325.
SPECIAL EVENTS EXPENSES INCLUDED IN PART VIII FORM 990	-278,754.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-852,079.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED WITH SALES INCLUDED IN PART VIII FORM 990	573,325.
SPECIAL EVENTS EXPENSES INCLUDED IN PART VIII FORM 990	278,754.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	852,079.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SEISTA KEY CRYSTAL CLAS (event type)	OCEANIC EVENING (event type)	2 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	225,137.	170,712.	75,408.	471,257.
	2 Less: Charitable contributions	36,575.	139,126.	43,671.	219,372.
	3 Gross income (line 1 minus line 2)	188,562.	31,586.	31,737.	251,885.
Direct Expenses	4 Cash prizes	18,000.			18,000.
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	3,275.	50,600.	7,751.	61,626.
	8 Entertainment				
	9 Other direct expenses	166,440.	16,197.	16,491.	199,128.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(278,754)
	11 Net income summary. Combine line 3, column (d), and line 10				-26,869.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		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. Combine line 1, column d, and line 7					

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

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

**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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2011

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA ATLANTIC UNIVERSITY PO BOX 552432 TAMPA, FL 33655	65-0385507	THE STATE OF FLORIDA	28,672.	0.			PROTECT OUR REEFS GRANT
SMITHSONIAN INSTITUTION PO BOX 37012, MRC 1205 WASHINGTON, DC 20013	53-0206027	501(C)(3)	24,738.	0.			PROTECT OUR REEFS GRANT
UNIVERSITY OF FLORIDA PO BOX 103610 GAINESVILLE, FL 32610	59-6002052	THE STATE OF FLORIDA	39,316.	0.			PROTECT OUR REEFS GRANT
UNIVERSITY OF MIAMI 4600 RICKENBACKER CAUSEWAY MIAMI, FL 33149	59-0624458	501(C)(3)	34,626.	0.			PROTECT OUR REEFS GRANT
UNIVERSITY OF SOUTH FLORIDA 140 7TH AVE SOUTH KRC 3113 ST. PETERSBURG, FL 33701	59-3102112	THE STATE OF FLORIDA	12,471.	0.			PROTECT OUR REEFS GRANT
MARINE RESOURCES DEVELOPMENT PO BOX 787 KEY LARGO, FL 33037	67-0258256	501(C)(3)	8,742.	0.			PROTECT OUR REEFS GRANT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance
SCHOLARSHIPS	19	23,150.	0.		
STIPENDS	18	82,332.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, 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 KUMAR MAHADEVAN, PH.D., THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF MOTE. TO ASSIST HIM, DR. MAHADEVAN 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 SUBMITTED. OUTSIDE EXPERTS ARE ALSO

Part IV Supplemental Information

CONSULTED TO PEER REVIEW THE PROPOSALS AS NECESSARY. THE COMMITTEE MAKES RECOMMENDATIONS TO DR. MAHADEVAN AS TO WHICH PROPOSALS SHOULD BE SELECTED AND IN WHAT AMOUNTS.

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

59-0756643

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	X
b	Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	X
b	Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2011

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KUMAR MAHADEVAN, PH. D	(i)	267,281.	0.	0.	11,000.	3,800.	282,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JOHN REYNOLDS III	(i)	143,991.	0.	0.	6,990.	3,800.	154,781.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MICHAEL CROSBY	(i)	209,102.	0.	0.	10,455.	3,800.	223,357.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

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.**

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	X	2	2,000.	FAIR MARKET VALUE
7 Boats and planes	X	11	630,160.	FAIR MARKET VALUE
8 Intellectual property				
9 Securities - Publicly traded	X	3	2,051.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>EQUIPMENT</u>)	X	2	31,663.	FAIR MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

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, PROGRAM SERVICE ACCOMPLISHMENTS:

RESEARCH

SINCE ITS CREATION IN 1955, MOTE MARINE LABORATORY HAS BEEN A LEADER IN
MARINE RESEARCH. TODAY, IT STANDS AS ONE OF THE FEW INDEPENDENT
LABORATORIES IN THE WORLD TO INCORPORATE PUBLIC EDUCATION AS PART OF
ITS CORE MISSION.

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

MOTE NOW HAS SEVEN CENTERS FOR MARINE RESEARCH THAT FOCUS ON THE
FOLLOWING AREAS: SHARKS, FISHERIES, AQUACULTURE, CORAL REEFS, MARINE
MAMMALS AND SEA TURTLES, COASTAL ECOLOGY AND ECOTOXICOLOGY. A TOTAL OF
101 MEMBERS OF OUR RESEARCH TEAM - INCLUDING 33 WITH PH.D.S IN THEIR
AREAS OF SPECIALTY - WORKED ON HUNDREDS OF RESEARCH PROJECTS IN 2011.

MOTE MARINE LABORATORY RESEARCHERS ARE LEADERS IN MARINE AND
OCEANOGRAPHIC SCIENCE AND HAVE HOSTED MANY SCIENTIFIC

Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
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WORKSHOPS/SEMINARS AND SYMPOSIA.

SHARKS

MOTE IS THE ONLY CONGRESSIONALLY DESIGNATED CENTER FOR SHARK RESEARCH IN THE U.S. EFFORTS HAVE MOVED BEYOND UNDERSTANDING THE BASIC BIOLOGY OF THESE FISH, TO UNDERSTANDING THE CONSERVATION NEEDS OF THESE ANIMALS THAT PLAY A VITAL ROLE IN OCEANIC ECOSYSTEMS. MOTE RESEARCH ALSO INCLUDES STUDIES THAT MAY ONE DAY LEAD TO NOVEL CANCER THERAPIES FOR HUMANS THROUGH THE IDENTIFICATION OF THE MECHANISMS THAT ALLOW SHARKS TO RESIST CANCEROUS TUMORS AND OTHER ILLNESSES.

MARINE MAMMALS AND SEA TURTLES

MOTE HOSTS THE WORLD'S LONGEST-RUNNING STUDY OF A WILD DOLPHIN POPULATION. CONDUCTED IN COLLABORATION WITH THE CHICAGO ZOOLOGICAL SOCIETY, THIS PROGRAM HAS UNDERTAKEN WIDE-RANGING STUDIES THAT HAVE HELPED US UNDERSTAND DOLPHIN "SOCIETIES" AND THEIR CONSERVATION NEEDS. MANATEE STUDIES AT MOTE ARE ALSO UNRAVELING THE HABITAT REQUIREMENTS NECESSARY FOR THE SURVIVAL OF THIS ENDANGERED SPECIES AND POSSIBLE WAYS TO DEAL WITH ENVIRONMENTAL CHANGES THAT MAY AFFECT THEM IN THE FUTURE. MANATEE RESEARCH INCLUDES GATHERING GENETIC SAMPLES FROM THESE MAMMALS AND MONITORING MANATEE POPULATION SIZES.

STUDIES OF ENDANGERED AND THREATENED SEA TURTLE SPECIES ARE PROVIDING NEW INSIGHTS ABOUT NESTING BEHAVIOR, AS WELL AS THE BEHAVIOR OF THESE ANIMALS AT SEA. BY USING CUTTING EDGE SATELLITE TECHNOLOGY, MOTE SCIENTISTS ARE ABLE TO FOLLOW TURTLES AT SEA AND ARE ABLE TO UNDERSTAND - FOR THE FIRST TIME - THE OCEANIC AND NEAR-COASTAL HABITATS FREQUENTED BY SEA TURTLES. THIS INFORMATION PROVIDES CRITICAL DATA NEEDED TO ENSURE THE SURVIVAL OF THESE THREATENED AND ENDANGERED SPECIES.

CORAL REEFS

MOTE'S CORAL REEF RESEARCH IS LEADING THE WAY IN UNDERSTANDING THE

Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
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MECHANISMS OF CORAL HEALTH AND FINDING NEW WAYS TO REPLENISH REEFS IN THE WILD. CORAL REEFS ARE VITAL TO COASTAL PROTECTION FROM HURRICANES AND WILL BE ONE OF THE EARLIEST SPECIES AFFECTED BY GLOBAL CLIMATE CHANGE. UNDERSTANDING THE EFFECTS OF OCEAN ACIDIFICATION ON CORAL REEF COMMUNICATIONS, ALONG WITH STUDIES OF CORAL MICROBIOLOGY WERE TWO KEY AREAS OF RESEARCH IN 2011. OTHER EFFORTS INCLUDED THE CREATION OF A LARGE-SCALE CORAL REEF NURSERY USED TO GROW CORALS THAT COULD LATER BE USED TO HELP REPOPULATE NATURAL REEF HABITATS.

THE STATE OF FLORIDA PROTECT OUR REEFS LICENSE PLATE IS ALSO ADMINISTERED BY MOTE AND THE FUNDS RAISED THROUGH THIS PROGRAM SUPPORT RESEARCH, CONSERVATION, EDUCATION AND OUTREACH RELATED TO CORAL REEFS.

ECOTOXICOLOGY

MANY AREAS OF THE WORLD ARE EXPERIENCING AN INCREASE IN HARMFUL ALGAL BLOOMS, WHICH HAVE A RANGE OF DETRIMENTAL EFFECTS ON COASTAL AREAS. MOTE STUDIES INCLUDE HOW SUCH BLOOMS AFFECT HUMAN HEALTH, BETTER ALGAE BLOOM DETECTION METHODS UTILIZING AUTONOMOUS UNDERWATER VEHICLES - ALSO KNOWN AS REMOTELY OPERATED UNDERWATER ROBOTS - AND WAYS TO MITIGATE THE EFFECTS OF BLOOMS THROUGH BETTER PUBLIC EDUCATION AND BLOOM SIZE REDUCTION. ONGOING RESEARCH INCLUDES STUDIES OF THE BASIC BIOLOGY OF THE HARMFUL ALGAE THAT AFFECTS FLORIDA (KARENIA BREVIS) AND THE CHARACTERISTICS THAT DISTINGUISH IT FROM BLOOMS IN OTHER PARTS OF THE U.S. AND THE GLOBE. AQUATIC TOXICOLOGY STUDIES ARE ALSO CONDUCTED TO DETERMINE THE SUB-LETHAL AFFECTS OF TOXINS ON MARINE ANIMALS INCLUDING WHALES, MANATEES AND DOLPHINS USING BIOMARKERS TO SEEK GENETIC CHANGES. DESPITE A STAGNANT ECONOMY IN 2011, MOTE'S RESEARCHERS ATTRACTED NEARLY \$8 MILLION IN NEW GRANTS, CONTRACTS AND SPONSORED PROJECTS ON A WIDE RANGE OF CRITICAL STUDIES TO THE REGION, SUPPORTING THE AREA'S ECONOMY.

OUR EFFORTS RESULTED IN DOZENS OF JOURNAL PUBLICATIONS, ARTICLES FOR

Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
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POPULAR MEDIA, BOOK CHAPTERS AND TEXTBOOKS IN REVIEW OR PRESS.

IN 2011, MOTE ALSO HOSTED TWO NATIONAL SCIENTIFIC CONFERENCES - ONE FOCUSED ON THE NEED FOR GREATER PROTECTIONS OF IMPORTANT MARINE RESOURCES IN THE GULF OF MEXICO FOLLOWING THE DEEPWATER HORIZON OIL RIG EXPLOSION ("BEYOND THE HORIZON") AND THE SECOND FOCUSED ON SEA LEVEL RISE.

FISHERIES ENHANCEMENT

THIS CENTER STRIVES TO CREATE NEW METHODS OF RE-STOCKING MARINE SPECIES IN AN ENVIRONMENTALLY SOUND FASHION. AS CERTAIN SPECIES BECOME MORE AND MORE OVERFISHED, IT MAY BE NECESSARY TO RE-INTRODUCE ANIMALS TO THE WILD. MOTE'S RESEARCH ALSO FOCUSES ON UNDERSTANDING WHICH HABITATS ARE VITAL TO SUSTAIN FISH POPULATIONS - FROM JUVENILE THROUGH ADULT - AND TO PROVIDE RESOURCE MANAGERS WITH THAT INFORMATION SO FISH POPULATIONS CAN CONTINUE TO REPLENISH THEMSELVES.

AQUACULTURE

MOTE'S AQUACULTURE RESEARCH IS FOCUSED ON FINDING COST-EFFECTIVE WAYS TO GROW FISH FOR FOOD AND FOR RE-STOCKING EFFORTS IN THE MOST COST-EFFECTIVE MANNER POSSIBLE. OUR RESEARCH TAKES PLACE FAR FROM ANY BODY OF SALT OR FRESHWATER AND PROVES THAT AQUACULTURE CAN BE CONDUCTED IN WAYS THAT DO NOT HARM THE ENVIRONMENT DUE TO INNOVATIVE WATER RECIRCULATION TECHNOLOGY. OUR RESEARCH INTO AQUACULTURE METHODS IS CREATING NEW MODELS THAT WILL AID IN THE DEVELOPMENT OF ENVIRONMENTALLY SOUND SYSTEMS AND THE DEVELOPMENT OF A NEW INDUSTRY IN FLORIDA. MOTE WORKS ON BOTH MARINE AND FRESHWATER SPECIES.

COASTAL ECOLOGY

ONE OF THE MOST VITAL ASPECTS OF OCEAN CONSERVATION IS THE INTERACTION BETWEEN WHAT HAPPENS ON LAND AND HOW IT AFFECTS WHAT HAPPENS AT SEA.

MOTE'S CENTER FOR COASTAL ECOLOGY HAS CREATED NEW MODELS THAT MEASURE

Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
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THE EFFECTS OF THESE LAND-SEA INTERACTIONS AND - QUITE POSSIBLY - THE ROLE HUMANS PLAY IN IT. THESE STUDIES HELP PROVIDE MANAGERS WITH THE INFORMATION THEY NEED TO BECOME BETTER STEWARDS OF OUR OCEANIC ENVIRONMENTS AND THEIR INHABITANTS.

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

AQUARIUM

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

NEARLY 400,000 GUESTS VISITED MOTE AQUARIUM IN 2011, WITH OUR TRAVELING EXHIBIT (MOTE MOBILE) REACHING ANOTHER 300,000 PEOPLE THROUGHOUT FLORIDA.

MOTE AQUARIUM DISPLAYS MORE THAN 100 MARINE SPECIES, INCLUDING SHARKS, FISH OF ALL SHAPES AND SIZES, MOLLUSKS, CRUSTACEANS AND MORE. AQUARIUM EXHIBITS RANGE FROM SMALL DISPLAYS TO LARGE EXHIBITS SUCH AS OUR 135,000 GALLON SHARK HABITAT. TOUCH POOLS ALLOW VISITORS TO SAFELY TOUCH SEA URCHINS, HORSESHOE CRABS, HERMIT CRABS, STINGRAYS AND OTHER SPECIES. GUESTS CAN ENJOY EDUCATIONAL AND INTERACTIVE EXHIBITS ENRICHED BY TRAINED VOLUNTEER DOCENTS THROUGHOUT THE AQUARIUM WHO ASSIST VISITORS AND ANSWER QUESTIONS. NEW ATTRACTIONS INCLUDE NARRATED

TRAINING SESSIONS WITH MOTE'S LARGE SHARKS AND A SEAHORSE CONSERVATION

Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
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LABORATORY THAT BREEDS AND RAISES SEAHORSES THAT ARE DISPLAYED AT MOTE AND TOP ZOOS AND AQUARIUMS NATIONWIDE.

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

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

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

IN 2011, AN ORPHANED BOTTLENOSE DOLPHIN CALF SPENT THREE MONTHS AT

MOTE'S DOLPHIN AND WHALE HOSPITAL. THE DOLPHIN, NICKNAMED "TAZ," WAS

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FOUND IN JANUARY AT THE J.N. DING DARLING NATIONAL WILDLIFE REFUGE ON SANIBEL ISLAND. BECAUSE THE 6-MONTH-OLD DOLPHIN WAS FOUND MOTHERLESS, THE NATIONAL MARINE FISHERIES SERVICE (NMFS) - WHICH OVERSEES THE CARE AND PROTECTION OF WILD MARINE MAMMALS - DETERMINED THAT HE COULD NOT SURVIVE ON HIS OWN IF RETURNED TO THE WILD. TAZ RECEIVED 'ROUND THE CLOCK CARE FOR NEARLY 1,000 HOURS AT MOTE. IN FEBRUARY, NMFS FOUND TAZ A PERMANENT HOME AT THE INDIANAPOLIS ZOO, WHERE HE IS THRIVING TODAY. MOTE STAFF ALSO TREATED AND RELEASED A WORLD-TRAVELING SEA TURTLE NICKNAMED "JOHNNY VASCO DA GAMA." THIS ENDANGERED KEMP'S RIDLEY WAS FOUND STRANDED IN 2008 IN THE NETHERLANDS AND REHABILITATED IN PORTUGAL. THE TURTLE WAS BROUGHT TO MOTE IN NOVEMBER TO COMPLETE ITS RECOVERY AND TO BE OUTFITTED WITH A STATE-OF-THE-ART SATELLITE TRACKING SYSTEM. THE TURTLE RETURNED TO THE WILD IN DECEMBER.

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

EDUCATION

MOTE MARINE LABORATORY'S EDUCATION DIVISION PROVIDES OPPORTUNITIES FOR LIFE-LONG LEARNING AND PRESENTS ON-SITE EXPERIENCES FOR STUDENTS THROUGH SCHOOL AND PUBLIC PROGRAMS, SUMMER CAMPS AND SPECIAL ADULT-ORIENTED LECTURES. MOTE ALSO PROVIDES DISTANCE-LEARNING PROGRAMS THAT REACH STUDENTS THOUSANDS OF MILES AWAY FROM OUR CAMPUS IN SARASOTA, FLA.

IN 2011, MOTE'S EDUCATORS CONTINUED TO FOSTER SCIENCE AND OCEAN LITERACY, HELPING PEOPLE OF ALL AGES MAKE RESPONSIBLE CONSERVATION CHOICES. WE REACHED 22,500 STUDENTS AND FAMILIES THROUGH SCHOOL PROGRAMS, SUMMER CAMPS AND OTHER ON-SITE PROGRAMMING. MOTE ALSO FOSTERED THE EDUCATIONAL DEVELOPMENT OF STUDENTS BY SUPPORTING

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INTERNSHIPS FOR 158 COLLEGE STUDENTS AND 29 HIGH SCHOOLERS.

MOTE'S INTERNSHIP PROGRAM INCLUDES THE NATIONAL SCIENCE FOUNDATION-FUNDED PROGRAM, RESEARCH EXPERIENCES FOR UNDERGRADUATES, OR REU. THROUGH THIS PROGRAM, A DOZEN UNDERGRADUATE COLLEGE STUDENTS MAJORING IN THE SCIENCES ARE PAIRED WITH A MOTE MENTOR DURING A SUMMER INTERNSHIP. THE INTERNSHIPS ARE DESIGNED TO GIVE STUDENTS A HANDS-ON OPPORTUNITY TO PERFORM THEIR OWN SCIENTIFIC RESEARCH PROJECT IN A REAL-LIFE LABORATORY SETTING. DURING THE 10-WEEK PROGRAM, THEIR MOTE MENTORS HELP THEM CHOOSE AND DEFINE THEIR RESEARCH PROJECTS AND GUIDE THEM AS THEY PERFORM EXPERIMENTS NEEDED TO COMPLETE THE PROJECT. MOTE HAS BEEN A PARTNER INSTITUTION IN THE NSF REU PROGRAM SINCE 2002. DURING 2011, ANOTHER 1,665 AREA RESIDENTS ALSO VOLUNTEERED AT MOTE, SHARING THEIR TIME AND EXPERTISE WITH THE COMMUNITY THROUGH THEIR ROLES AS DOCENTS OR BEHIND-THE-SCENES STAFF AND EVEN RESEARCH ASSISTANTS IN THE LAB.

IN ALL, THEY DONATED 203,692 SERVICE HOURS, FOR A VALUE OF \$4.48 MILLION. FOUR VOLUNTEERS WERE ALSO RECOGNIZED FOR PERFORMING 30 YEARS OF SERVICE TO THE ORGANIZATION - AMAZING DEDICATION THAT IS SURPASSED ONLY BY MOTE'S OWN COMMITMENT TO PERFORMING MARINE AND COASTAL RESEARCH TODAY THAT WILL CONTINUE TO HAVE A POSITIVE IMPACT ON OUR OCEANS FOR DECADES TO COME.

ADDITIONAL OUTREACH VENTURES INCLUDED THE MOTE SCIENCE CAFE SERIES, A PUBLIC OUTREACH PROGRAM THAT TAKES SCIENTISTS OUT OF THE LAB AND PUTS THEM IN INFORMAL, SOCIAL SETTINGS TO ENGAGE THE PUBLIC IN A CONVERSATION ABOUT SCIENCE AND MARINE CONSERVATION.

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

PROTECT OUR REEFS

132212
01-23-12

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FLORIDA HAS THE ONLY BARRIER CORAL REEF SYSTEM IN THE CONTINENTAL U.S. IT'S LIKE HAVING THE GRAND CANYON UNDERWATER - A NATURAL TREASURE THAT TOOK MILLIONS OF YEARS TO CREATE AND DESERVES OUR PROTECTION. SADLY, CORALS ARE IN DECLINE WORLDWIDE. RESEARCH IS HELPING TO UNDERSTAND WHY AND WHAT TO DO ABOUT IT. EDUCATION AND CONSERVATION EFFORTS CAN HELP REDUCE HUMAN IMPACT ON THESE PRECIOUS RESOURCES. TO HELP SUPPORT MARINE RESEARCH, CONSERVATION AND EDUCATION EFFORTS DESIGNED AT SAVING FLORIDA'S REEF, MOTE MARINE LABORATORY SPONSORED THE CREATION OF THE PROTECT OUR REEFS SPECIALTY LICENSE PLATE IN FLORIDA. THE PLATE WAS APPROVED BY THE FLORIDA LEGISLATURE IN JULY 2003. A PORTION OF THE SALES OF THIS LICENSE TAG (\$25 PER PLATE) SUPPORT MYRIAD RESEARCH STUDIES AT MOTE AND OTHER FLORIDA-BASED NON-PROFIT ORGANIZATIONS. 37.5% OF REVENUES ARE AWARDED IN GRANTS ANNUALLY AND AN ADDITIONAL 37.5% OF REVENUES SUPPORTS MOTE'S CENTER FOR CORAL REEF RESEARCH.

THESE STUDIES HELP SCIENTISTS AND RESOURCE MANAGERS GAIN A MORE COMPREHENSIVE PICTURE OF WHY CORALS ARE IN DECLINE AND THE FACTORS THAT KEEP CORAL HEALTHY. THE OUTREACH PROGRAMS HELP FLORIDA RESIDENTS AND TOURISTS BETTER UNDERSTAND CORAL ECOSYSTEMS AND HOW HUMAN ACTIVITY AFFECTS THEM AND HOW THEY CAN PROACTIVELY ASSIST IN PROTECTING AND RESTORING CORAL REEFS.

SINCE ITS INCEPTION IN 2004, THE LICENSE PLATE HAS RAISED MORE THAN \$6.4 MILLION, WITH A SIGNIFICANT PORTION OF THOSE PROCEEDS AVAILABLE TO FLORIDA-BASED NON-PROFIT ORGANIZATIONS THAT PERFORM RESEARCH, EDUCATION (AND OUTREACH) AND CONSERVATION EFFORTS THAT DEAL DIRECTLY WITH THE PRESERVATION OF FLORIDA'S CORAL REEFS.

FLORIDA DRIVERS WHO PURCHASE THE STATE'S PROTECT OUR REEFS SPECIALTY

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LICENSE PLATE ARE SUPPORTING NEW PROGRAMS DESIGNED TO ATTACK CORAL REEF PROBLEMS ON A NUMBER OF FRONTS.

IN 2011, THE PROTECT OUR REEFS GRANTS ADVISORY COMMITTEE ANNOUNCED 11 AWARDS TOTALING \$274,000 FOR CORAL REEF RESEARCH, CONSERVATION AND EDUCATION PROJECTS.

AQUACULTURE PARK

MOTE AQUACULTURE PARK FACILITY OPERATIONS

MOTE HAS 200 ACRES THAT HAS BEEN DEVELOPED INTO A STATE-OF-THE-ART AQUACULTURE FACILITY SUPPORTING THE CONSERVATION OF THE WORLD'S FISHERY STOCKS AND THE SUSTAINABLE PRODUCTION OF SEAFOOD. THE PARK INCLUDES MORE THAN 125,000 SQUARE FEET OF FACILITIES UNDER ROOF FOR MOTE'S CENTER FOR AQUACULTURE RESEARCH AND DEVELOPMENT PROGRAMS, INCLUDING THE MARINE AQUACULTURE RESEARCH PROGRAM AND THE STURGEON COMMERCIAL DEMONSTRATION PROGRAM.

EFFORTS CURRENTLY TAKING PLACE AT THE FACILITY INCLUDE THE STUDY OF THE GROWTH OF SALTWATER SPECIES FOR RESTOCKING PROGRAMS - PARTICULARLY COMMON SNOOK, REDFISH AND POMPARO - AND THE GROWTH OF FRESHWATER SIBERIAN STURGEON FOR MEAT AND CAVIAR PRODUCTION. IN 2006, MOTE BECAME THE FIRST ORGANIZATION IN FLORIDA TO PRODUCE CAVIAR - DEMONSTRATING THAT LARGE-SCALE AQUACULTURE PRODUCTION THAT RELIES ON WATER RECIRCULATING TECHNOLOGIES WAS FEASIBLE IN THE STATE.

THE AQUACULTURE PARK TESTS EVERYTHING FROM WATER RE-USE TECHNOLOGIES TO VARIOUS WAYS TO INCORPORATE NEW SPECIES INTO ITS PRODUCTION PROCESS. RESEARCH IS BEING UNDERTAKEN TO USE FISH WASTE AND FRESH WATER WASTEWATER IN THE PRODUCTION OF PLANT SPECIES FOR LATER USE IN WETLAND AND COASTAL RESTORATION PROGRAMS.

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MEMBERSHIP

IN 2011 MOTE MARINE LABORATORY AND AQUARIUM WAS FORTUNATE TO CONTINUE AND STRENGTHEN OUR 11,000 PLUS (HOUSEHOLDS) MEMBERSHIP PROGRAM. MEMBERSHIP DUES PROVIDE UNRESTRICTED FUNDS THAT ARE PUT TO WHERE THE NEED IS GREATEST ANNUALLY. INDIVIDUAL MEMBERSHIP LEVELS BEGIN AT \$50 AND GO THROUGH \$1,000. MEMBERSHIP BENEFITS INCLUDE UNRESTRICTED VISITS TO THE AQUARIUM WITH THE NUMBER OF GUESTS ALLOWED BASED ON INDIVIDUAL MEMBERSHIP LEVELS; DISCOUNTS IN THE AQUARIUM SHOPS; DISCOUNTS ON EDUCATION PROGRAMS AND CAMPS; FREE AND DISCOUNTED ADMISSIONS TO OVER 100 ZOOS AND AQUARIUMS ACROSS THE UNITED STATES AND MUCH MORE. FOR A COMPLETE LIST OF MEMBERSHIP LEVELS, BENEFITS AND OPPORTUNITIES PLEASE VISIT OUR WEBSITE AT WWW.MOTE.ORG/MEMBERSHIP

EXPENSES \$ 3,226,299. INCL GRANTS OF \$ 156,585. REVENUE \$ 2,257,135.

FORM 990, PART VI, SECTION A, LINE 1: THE PRESIDENT/CEO IS A VOTING BOARD MEMBER. WHEN ISSUES ARISE THAT MAY CAUSE A CONFLICT OF INTEREST, HE RECUSES HIMSELF.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM WITH INFORMATION FROM THE ANNUAL AUDIT AND SENIOR MANAGEMENT. THE FINAL FORM 990 IS REVIEWED BY THE CEO AND CFO. PRIOR TO FILING, FORM 990 IS SIGNED BY THE CEO AND PROVIDED TO THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C: TRUSTEES, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. A CONFLICT OF INTEREST POLICY AND DISCLOSURE

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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 IS ALSO AVAILABLE ON WWW.MOTE.ORG

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-770.
CHANGE IN NET ASSETS OF MOTE MARINE FOUNDATION, INC.	3,228,101.
EQUITY EARNINGS IN SUBSIDIARY INCOME	-889,415.
TOTAL TO FORM 990, PART XI, LINE 5	2,337,916.

FORM 990, PART XII, LINE 2C

AUDIT REVIEW PROCESS

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

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MOTE MARINE FOUNDATION, INC. - 59-2226800 1600 KEN THOMPSON PARKWAY SARASOTA, FL 34236	PROVIDES FUNDS TO SUPPORT MOTE MARINE LABORATORY	FLORIDA	501(C)(3)	LINE 11A, I			X

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
n Sharing of paid employees with related organization(s)	X	
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses		X
q Other transfer of cash or property to related organization(s)		X
r 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 other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions MOTE MARINE LABORATORY, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 59-0756643
	Number, street, and room or suite no. If a P.O. box, see instructions. 1600 KEN THOMPSON PARKWAY	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SARASOTA, FL 34236	

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

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

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

DENA SMITH @ MOTE MARINE LABORATORY

• The books are in the care of **1600 KEN THOMPSON PARKWAY - SARASOTA, FL 34236**

Telephone No. **941-377-4441**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012.**

5 For calendar year **2011**, or other tax year beginning _____, and ending _____.

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

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

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

Signature and Verification must be completed for Part II only.

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

Signature

Title **CPA**

Date

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2011, or fiscal year beginning _____, 2011, and ending _____, 20____

2011

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

MOTE MARINE LABORATORY, INC.

59-0756643

Name and title of officer

KUMAR MAHADEVAN, PH.D.

CEO

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>18199327</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ******* THIS IS NOT A FILEABLE COPY ***** Date ▶ _____

Part III Certification and Authentication

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

65021619908
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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