

IRS e-file Signature Authorization for an Exempt Organization

2014

For calendar year 2014, or fiscal year beginning _____, 2014, and ending _____, 20____

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

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

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

59-0756643

MOTE MARINE LABORATORY, INC.

Name and title of officer

MICHAEL P. CROSBY, PH.D.

CEO

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

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

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>18,356,888.</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 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

ERO firm name

to enter my PIN **49830**

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 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 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date

11/13/15

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 2014 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

11/13/15

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

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2014 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"/> Final return/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		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1600 KEN THOMPSON PARKWAY		E Telephone number (941) 388-4441
	City or town, state or province, country, and ZIP or foreign postal code SARASOTA, FL 34236		G Gross receipts \$ 21,989,495.
F Name and address of principal officer: MICHAEL P. CROSBY, PH.D. SAME AS C ABOVE			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.MOTE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1955 M State of legal domicile: FL

Part I Summary		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	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	243
	6 Total number of volunteers (estimate if necessary)	6	1713
	7a 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)	4,217,004.	4,826,927.
	9 Program service revenue (Part VIII, line 2g)	14,914,237.	15,142,973.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	36,716.	-2,098,892.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,114,937.	485,880.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,282,894.	18,356,888.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	297,383.	285,959.
	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)	10,578,402.	10,962,166.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,241,383.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,989,674.	9,345,319.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,865,459.	20,593,444.	
19 Revenue less expenses. Subtract line 18 from line 12	1,417,435.	-2,236,556.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 48,685,100.	End of Year 50,103,916.
	21 Total liabilities (Part X, line 26)	14,137,039.	17,801,000.
	22 Net assets or fund balances. Subtract line 21 from line 20	34,548,061.	32,302,916.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	MICHAEL P. CROSBY, PH.D., CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name REBECCA U. STONER	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00585910
	Firm's name ▶ KERKERING, BARBERIO & CO.	Firm's EIN ▶ 59-1753337	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 or note to any line in this Part III [X]

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,425,137. including grants of \$ 121,310.) (Revenue \$ 8,475,045.)

SEE SCHEDULE O:

4b (Code:) (Expenses \$ 3,382,516. including grants of \$) (Revenue \$ 3,671,640.)

SEE SCHEDULE O:

4c (Code:) (Expenses \$ 1,145,779. including grants of \$ 54,475.) (Revenue \$ 658,344.)

SEE SCHEDULE O:

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,251,565. including grants of \$ 110,174.) (Revenue \$ 2,337,944.)

4e Total program service expenses 17,204,997.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for line numbers, descriptions, and Yes/No boxes. Includes sections for backup withholding, employee reporting, unrelated business income, prohibited tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 29; 1b Enter the number of voting members included in line 1a... 28; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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; 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. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DENA SMITH @ MOTE MARINE LABORATORY - 941-388-4441 1600 KEN THOMPSON PARKWAY, SARASOTA, FL 34236

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN ROSE TRUSTEE	5.00	X					0.	0.	0.	
(2) ARTHUR ARMITAGE CHAIRMAN EMERITUS	5.00	X					0.	0.	0.	
(3) DEAN EISNER TRUSTEE	5.00	X					0.	0.	0.	
(4) EDWARD H. JENNINGS TRUSTEE	5.00	X					0.	0.	0.	
(5) FREDERICK M. DERR, P.E. CHAIRMAN EMERITUS	5.00	X					0.	0.	0.	
(6) HOWARD SEIDER, JR., M.D. TRUSTEE	5.00	X					0.	0.	0.	
(7) JAMES D. ERICSON TRUSTEE	5.00	X					0.	0.	0.	
(8) JEANIE STEVENSON TRUSTEE	5.00	X					0.	0.	0.	
(9) JOHN DART TRUSTEE	5.00	X					0.	0.	0.	
(10) JUDY GRAHAM CHAIRMAN EMERITUS	5.00	X					0.	0.	0.	
(11) KIRK MALCOLM TRUSTEE	5.00	X					0.	0.	0.	
(12) MARY LOU JOHNSON TRUSTEE	5.00	X					0.	0.	0.	
(13) EUGENIE CLARK, PH.D. TRUSTEE	5.00	X					0.	0.	0.	
(14) NIGEL MOULD TRUSTEE	5.00	X					0.	0.	0.	
(15) PAUL CARREIRO TRUSTEE	5.00	X					0.	0.	0.	
(16) PENELOPE KINGMAN TRUSTEE	5.00	X					0.	0.	0.	
(17) RANDE RIDENOUR TRUSTEE	5.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RICHARD O. DONEGAN TRUSTEE	5.00	X						0.	0.	0.
(19) ROBERT CARTER CHAIRMAN EMERITUS	5.00	X						0.	0.	0.
(20) ROBERT ESSNER TRUSTEE	5.00	X						0.	0.	0.
(21) RONALD CIARAVELLA TRUSTEE	5.00	X						0.	0.	0.
(22) SCOTT COLLINS TRUSTEE	5.00	X						0.	0.	0.
(23) SUSAN C. GILMORE TRUSTEE	5.00	X						0.	0.	0.
(24) TRUDO LETSCHERT TRUSTEE	5.00	X						0.	0.	0.
(25) G. LOWE MORRISON VICE CHAIRMAN	5.00	X		X				0.	0.	0.
(26) GENE BECKSTEIN CHAIRMAN	5.00	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,117,092.	5,000.	196,905.
d Total (add lines 1b and 1c)								1,117,092.	5,000.	196,905.

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 **18**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SARASOTA BAY EXPLORERS 1923 LINCOLN DRIVE, SARASOTA, FL 34236	ECO-TOURISM BOAT TOURS	559,921.
MANCINI DINERS 4411 BEAUCHAMP COURT, SARASOTA, FL 34243	DINER AT MOTE AQUARIUM	349,188.
PARADISE ADVERTISING AND MARKETING, INC, 150 2ND AVE N., STE. 800, SAINT	MARKETING SERVICES	304,491.
JANI-KING OF TAMPA BAY 2469 SUNSET POINT RD., CLEARWATER, FL 33765	JANITORIAL SERVICE	144,041.
BILIKI CRUISES PO BOX 387, ENGADINE, NSW, AUSTRALIA	DIVE CHARTER SERVICE	130,356.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) LT GEN HOWARD G. CROWELL, JR TREASURER	5.00	X		X				0.	0.	0.
(28) MICKEY CALLANEN SECRETARY	5.00	X		X				0.	0.	0.
(29) MICHAEL P. CROSBY PH.D PRESIDENT/CEO	40.00	X		X			274,285.	0.	23,109.	
(30) DENA J. SMITH CFO & VP, ADMINISTRATION	40.00			X			94,512.	5,000.	21,200.	
(31) DAVID VAUGHAN PH.D SR SCIENTIST	40.00					X	138,041.	0.	23,322.	
(32) JOHN REYNOLDS III, PH.D SR SCIENTIST	40.00					X	129,097.	0.	32,274.	
(33) KENNETH LEBER, PH.D SR SCIENTIST	40.00					X	131,414.	0.	22,644.	
(34) KUMAR MAHADEVAN, PH. D OUTREACH	40.00					X	220,839.	0.	36,227.	
(35) ROBERT HUETER PH.D SR SCIENTIST	40.00					X	128,904.	0.	38,129.	
Total to Part VII, Section A, line 1c								1,117,092.	5,000.	196,905.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns					
	b Membership dues					
	c Fundraising events	186,399.				
	d Related organizations	1,354,318.				
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	3,286,210.				
	g Noncash contributions included in lines 1a-1f: \$	718,425.				
	h Total. Add lines 1a-1f	4,826,927.				
	Program Service Revenue	Business Code				
2 a RESEARCH		541700	8,475,045.	8,475,045.		
b AQUARIUM		713990	3,671,640.	3,671,640.		
c PROTECT OUR REEFS - LICENSE PLATE		900099	1,000,258.	1,000,258.		
d MEMBERSHIPS		900099	888,032.	888,032.		
e EDUCATION AND DISTANCE LEARNING		611710	658,344.	658,344.		
f All other program service revenue		900099	449,654.	449,654.		
g Total. Add lines 2a-2f			15,142,973.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		55,103.		55,103.	
	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	604,829.	262,181.		
		(ii) Other				
		b Less: cost or other basis and sales expenses	2,292,868.	728,137.		
		c Gain or (loss)	-1,688,039.	-465,956.		
	d Net gain or (loss)		-2,153,995.		-2,153,995.	
	8 a Gross income from fundraising events (not including \$ 186,399. of contributions reported on line 1c). See Part IV, line 18	a	109,223.			
		b Less: direct expenses	162,420.			
c Net income or (loss) from fundraising events			-53,197.		-53,197.	
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	988,259.				
	b Less: cost of goods sold	449,182.				
	c Net income or (loss) from sales of inventory		539,077.		539,077.	
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		18,356,888.	15,142,973.	0.	-1,613,012.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	110,174.	110,174.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	175,785.	175,785.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	459,106.	127,635.	285,149.	46,322.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,668,403.	6,976,427.	1,241,541.	450,435.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	464,560.	378,249.	51,925.	34,386.
9 Other employee benefits	686,069.	534,125.	103,387.	48,557.
10 Payroll taxes	684,028.	526,702.	109,444.	47,882.
11 Fees for services (non-employees):				
a Management	18,532.	10,425.	8,107.	
b Legal	40,950.		40,950.	
c Accounting	158,196.			158,196.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,556,080.	1,200,084.	161,563.	194,433.
12 Advertising and promotion	336,182.	251,824.	3,571.	80,787.
13 Office expenses	727,210.	503,409.	101,131.	122,670.
14 Information technology				
15 Royalties				
16 Occupancy	802,672.	542,298.	255,022.	5,352.
17 Travel	525,798.	504,186.	4,527.	17,085.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,938.	34,130.	1,984.	824.
20 Interest	191,228.	147,162.	44,066.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,321,993.	646,241.	1,675,752.	
23 Insurance	497,006.	254,028.	235,132.	7,846.
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	1,254,255.	811,824.	426,625.	15,806.
b SUPPLIES	669,884.	667,092.	2,782.	10.
c INTERNAL RENTALS	0.	155,992.	-166,784.	10,792.
d OVERHEAD ALLOCATION	0.	2,493,664.	-2,493,664.	
e All other expenses	208,395.	153,541.	54,854.	
25 Total functional expenses. Add lines 1 through 24e	20,593,444.	17,204,997.	2,147,064.	1,241,383.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,482,022.	1	1,957,406.
	2	Savings and temporary cash investments	2,553,714.	2	2,553,984.
	3	Pledges and grants receivable, net	1,626,461.	3	4,593,825.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	1,400,000.
	8	Inventories for sale or use	182,840.	8	127,571.
	9	Prepaid expenses and deferred charges	162,290.	9	77,996.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 57,335,406.		
	b	Less: accumulated depreciation	10b 34,888,062.		
			23,754,917.	10c	22,447,344.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	1,283,069.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	17,639,787.	15	16,945,790.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	48,685,100.	16	50,103,916.	
Liabilities	17	Accounts payable and accrued expenses	1,292,424.	17	1,059,617.
	18	Grants payable		18	
	19	Deferred revenue	4,457,284.	19	7,538,194.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	8,387,331.	23	8,595,375.
	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	0.	25	607,814.
	26	Total liabilities. Add lines 17 through 25	14,137,039.	26	17,801,000.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	17,649,301.	27	14,382,374.
	28	Temporarily restricted net assets	7,341,290.	28	7,748,283.
	29	Permanently restricted net assets	9,557,470.	29	10,172,259.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	34,548,061.	33	32,302,916.	
34	Total liabilities and net assets/fund balances	48,685,100.	34	50,103,916.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,356,888.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,593,444.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,236,556.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,548,061.
5	Net unrealized gains (losses) on investments	5	175.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-8,764.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	32,302,916.

Part XII Financial Statements and Reporting

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

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

Form 990 (2014)

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.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

59-0756643

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

The organization is not a private foundation because it is: (For lines 1 through 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,613,531.	2,729,063.	3,007,908.	4,217,004.	4,826,927.	17,394,433.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,613,531.	2,729,063.	3,007,908.	4,217,004.	4,826,927.	17,394,433.
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)						1,425,197.
6 Public support. Subtract line 5 from line 4.						15,969,236.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	2,613,531.	2,729,063.	3,007,908.	4,217,004.	4,826,927.	17,394,433.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,662.	24,641.	38,376.	42,874.	55,103.	180,656.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						17,575,089.
12 Gross receipts from related activities, etc. (see instructions)				12	79,756,355.	
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 2014 (line 6, column (f) divided by line 11, column (f))	14	90.86 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	88.01 %
16a 33 1/3% support test - 2014. 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 - 2013. 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 - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)		
3	Excess distributions carryover, if any, to 2014:		
a			
b			
c			
d			
e	From 2013		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2014 distributable amount		
i	Carryover from 2009 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2014 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2014 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		
7	Excess distributions carryover to 2015. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a			
b			
c			
d	Excess from 2013		
e	Excess from 2014		

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).

[Lined area for supplemental information]

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2014

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

59-0756643

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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
1	<hr/> <hr/> <hr/> <hr/>	\$ <u>103,814.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ <u>422,570.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/> <hr/>	\$ <u>283,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

MOTE MARINE LABORATORY, INC.

59-0756643

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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-

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	158,196.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	158,196.													
c	Total lobbying expenditures (add lines 1a and 1b)	20,435,248.													
d	Other exempt purpose expenditures	20,593,444.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	1,000,000.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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	109,422.	110,967.	133,687.	158,196.	512,272.
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?		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	618,040.	615,933.	614,327.	614,696.	613,070.
b Contributions					
c Net investment earnings, gains, and losses	2,655.	-4,109.	6,395.	5,879.	10,630.
d Grants or scholarships					
e Other expenditures for facilities and programs	-2,025.	6,216.	4,789.	6,248.	9,004.
f Administrative expenses					
g End of year balance	618,670.	618,040.	615,933.	614,327.	614,696.

- 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 98.93 %
 - c Temporarily restricted endowment 1.07 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,498,190.		7,498,190.
b Buildings		33,771,131.	20,999,016.	12,772,115.
c Leasehold improvements				
d Equipment		13,351,645.	12,050,070.	1,301,575.
e Other		2,714,440.	1,838,976.	875,464.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				22,447,344.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN MOTE MARINE FOUNDATION, INC.	15,943,356.
(2) DUE FROM MOTE MARINE FOUNDATION	133,817.
(3) DONATED ASSETS HELD FOR SALE	101,935.
(4) PATENTS	95,069.
(5) CONSTRUCTION IN PROGRESS	63,799.
(6) INVESTMENT IN DEFERRED COMPENSATION PLAN	607,814.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	16,945,790.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION PAYABLE	607,814.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	607,814.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	18,960,201.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	175.	
b	Donated services and use of facilities	2b	300.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-8,764.	
e	Add lines 2a through 2d	2e	-8,289.	
3	Subtract line 2e from line 1	3	18,968,490.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-611,602.	
c	Add lines 4a and 4b	4c	-611,602.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,356,888.	

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

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

1	Total expenses and losses per audited financial statements		1	21,205,346.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	300.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	611,602.	
e	Add lines 2a through 2d	2e	611,902.	
3	Subtract line 2e from line 1	3	20,593,444.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	20,593,444.	

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN NET ASSETS OF MOTE MARINE FOUNDATION, INC.	248,502.
EQUITY LOSS IN SUBSIDIARY	-257,266.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-8,764.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED WITH SALES INCLUDED IN PART VIII FORM 990	-449,182.
SPECIAL EVENTS EXPENSES INCLUDED IN PART VIII FORM 990	-162,420.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-611,602.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD NETTED WITH SALES INCLUDED IN PART VIII FORM 990	449,182.
SPECIAL EVENTS EXPENSES INCLUDED IN PART VIII FORM 990	162,420.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	611,602.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

59-0756643

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" 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	
		OCEANIC EVENING (event type)	PARTY ON THE PASS (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	204,520.	59,235.	31,867.	295,622.
	2	Less: Contributions	132,790.	45,510.	8,099.	186,399.
	3	Gross income (line 1 minus line 2)	71,730.	13,725.	23,768.	109,223.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	93,776.	12,379.		106,155.
	8	Entertainment				
	9	Other direct expenses	23,322.	13,549.	19,394.	56,265.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				162,420.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-53,197.

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

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

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

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

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

13a		%
13b		%
 - b An outside facility

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

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information *(continued)*

[Lined area for supplemental information]

**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.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

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

Part I General Information on Grants and Assistance

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

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

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
SMITHSONIAN INSTITUTION PO BOX 37012, MRC 1205 WASHINGTON, DC 20013	53-0206027	501(C)(3)	22,750.	0.			PROTECT OUR REEFS GRANT
UNIVERSITY OF FLORIDA PO BOX 103610 GAINESVILLE, FL 32610	59-6002052	THE STATE OF FLORIDA	9,537.	0.			PROTECT OUR REEFS GRANT
UNIVERSITY OF MIAMI 4600 RICKENBACKER CAUSEWAY MIAMI, FL 33149	59-0624458	501(C)(3)	21,825.	0.			PROTECT OUR REEFS GRANT
NOVA UNIVERSITY 3301 COLLEGE AVENUE FT. LAUDERDALE, FL 33314	59-1083502	501(C)(3)	11,385.	0.			PROTECT OUR REEFS GRANT
UNIVERSITY OF NORTH FLORIDA 1 UNF DRIVE JACKSONVILLE, FL 32224	59-2976169	THE STATE OF FLORIDA	13,125.	0.			PROTECT OUR REEFS GRANT
FLORIDA INSTITUTE OF TECHNOLOGY 150 W UNIVERSITY BLVD MELBOURNE, FL 32901	59-6046500	501(C)(3)	11,505.	0.			PROTECT OUR REEFS GRANT

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

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

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

Schedule I (Form 990) (2014)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REEF PO BOX 246 KEY LARGO, FL 33037	65-0270064	501(C)(3)	6,422.	0.			PROTECT OUR REEFS GRANT
REEF RELIEF PO BOX 430 KEY WEST, FL 33041	59-2696402	501(C)(3)	7,125.	0.			PROTECT OUR REEFS GRANT

Part III Grants and Other Assistance to Domestic Individuals. 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	43	54,475.	0.		
STIPENDS	29	121,310.	0.		

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

PART I, LINE 2:

GRANTS ARE AWARDED TO ELIGIBLE ORGANIZATIONS THROUGH MOTE MARINE

LABORATORY'S PROTECT OUR REEFS PROGRAM USING FUNDS COLLECTED FROM REEF

LICENSE PLATE SALES. THE FINAL DECISION AS TO WHICH PROPOSALS WILL BE

FUNDED AND UNDER WHAT CONDITIONS WILL BE MADE BY MICHAEL CROSBY, PH.D., THE

PRESIDENT AND CHIEF EXECUTIVE OFFICER OF MOTE. TO ASSIST HIM, DR. CROSBY

HAS ASSEMBLED A GRANTS ADVISORY COMMITTEE OF EIGHT INDIVIDUALS WITH BROAD

AND DIVERSE BACKGROUNDS IN CORAL REEF RESEARCH, EDUCATION, CONSERVATION AND

MANAGEMENT. THE COMMITTEE EVALUATES AND RANKS EACH OF THE PROPOSALS

Part IV Supplemental Information

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

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

STIPENDS ARE AWARDED TO PARTICIPANTS IN SEVERAL RESEARCH EXPERIENCE FOR UNDERGRADUATES (REU) PROGRAMS AT MOTE MARINE LABORATORY. THE FUNDING AGENCY DETERMINES THE APPLICATION CRITERIA, BUT USUALLY THE STUDENTS ARE SELECTED IF THEY HAVE NOT HAD ANY PREVIOUS RESEARCH EXPERIENCE AND MEET OTHER SPECIFIC CRITERIA SUCH AS UNDERSERVED, UNDERREPRESENTED STUDENTS OR ALUMNI AT A SPECIFIC UNIVERSITY. THE STIPENDS CAN RANGE FROM \$500 TO \$5,250 DEPENDING ON GRANT AND LENGTH OF INTERNSHIP.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

59-0756643

Part I Questions Regarding Compensation

		Yes	No								
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p>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</p>	1b										
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2										
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<p>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:</p>											
<p>a Receive a severance payment or change-of-control payment?</p>	4a		X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c		X								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>											
<p>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:</p>											
<p>a The organization?</p>	5a		X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b		X								
<p>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:</p>											
<p>a The organization?</p>	6a		X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b		X								
<p>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</p>	7		X								
<p>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</p>	8		X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9										

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL P. CROSBY PH.D PRESIDENT/CEO	(i)	274,285.	0.	0.	14,498.	8,611.	297,394.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID VAUGHAN PH.D SR SCIENTIST	(i)	138,041.	0.	0.	13,219.	10,103.	161,363.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN REYNOLDS III, PH.D SR SCIENTIST	(i)	129,097.	0.	0.	15,474.	16,800.	161,371.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KENNETH LEBER, PH.D SR SCIENTIST	(i)	131,414.	0.	0.	15,337.	7,307.	154,058.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KUMAR MAHADEVAN, PH. D OUTREACH	(i)	218,969.	0.	1,870.	23,090.	13,137.	257,066.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROBERT HUETER PH.D SR SCIENTIST	(i)	128,904.	0.	0.	16,206.	21,923.	167,033.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

59-0756643

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 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	4	2,250.	FAIR MARKET VALUE
7	Boats and planes	X	14	553,501.	FAIR MARKET VALUE
8	Intellectual property				
9	Securities - Publicly traded	X	1	145,869.	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	4	16,805.	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 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

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

**MOTE IS AN INDEPENDENT, NONPROFIT 501(C)3 MARINE RESEARCH ORGANIZATION
WITH SIX RESEARCH FACILITIES LOCATED IN FLORIDA. AS OF DECEMBER 2014,
MOTE HAS 24 RESEARCH PROGRAMS CONDUCTING WORLD-CLASS SCIENCE NOT ONLY
IN OUR HOME COMMUNITY OF SOUTHWEST FLORIDA, BUT ON ALL THE WORLD'S
SEVEN CONTINENTS.**

**MOTE HAS BEEN COMMITTED TO MARINE RESEARCH AND MARINE CONSERVATION
SINCE DR. EUGENIE CLARK FOUNDED THE LAB IN 1955. MOTE REMAINS ONE OF
THE FEW INDEPENDENT MARINE LABS IN THE WORLD, AND AS SUCH WE NURTURE
THE INNOVATION AND FLEXIBILITY NEEDED TO ADDRESS THE MOST PRESSING
OCEAN ISSUES OF OUR TIME.**

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

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization

MOTE MARINE LABORATORY, INC.

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ECOSYSTEMS.

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

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

MOTE'S RESEARCH ORIGINALLY FOCUSED ON SHARKS AND UNDERSTANDING THEIR BASIC BIOLOGY, BUT TODAY MOTE'S RESEARCH HAS EXPANDED TO INCLUDE THOUSANDS OF STUDIES THAT PROVIDE VITAL INFORMATION FOR RESOURCE MANAGERS AND THE PUBLIC.

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

TODAY, MOTE HAS A STAFF OF MORE THAN 200 INCLUDING 35 DOCTORAL-LEVEL SCIENTISTS. MOTE ALSO MAINTAINS A STRONG VOLUNTEER CORE OF 1,713

Name of the organization

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VOLUNTEERS.

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

TODAY, MOTE STUDIES A WIDE RANGE OF SCIENTIFIC DISCIPLINES. RESEARCH PROGRAMS INCLUDE STUDIES OF HUMAN CANCER USING MARINE MODELS AND THE EFFECTS OF MAN-MADE AND NATURAL TOXINS ON HUMANS AND ON THE ENVIRONMENT. MOTE STUDIES THE HEALTH OF WILD FISHERIES, DEVELOPS SUSTAINABLE AND SUCCESSFUL FISH RESTOCKING TECHNIQUES AND FOOD PRODUCTION TECHNOLOGIES AND ENGINEERS NEW TOOLS TO HELP US BETTER UNDERSTAND THE HEALTH OF THE ENVIRONMENT.

MOTE RESEARCH PROGRAMS ALSO FOCUS ON UNDERSTANDING THE POPULATION DYNAMICS OF MANATEES, DOLPHINS, SEA TURTLES, SHARKS AND CORAL REEFS AND ON CONSERVATION AND RESTORATION EFFORTS RELATED TO THESE SPECIES AND ECOSYSTEMS. (FOR A FULL AND CURRENT LISTING OF MOTE MARINE LABORATORY'S RESEARCH PROGRAMS AND INITIATIVES, PLEASE VISIT WWW.MOTE.ORG.)

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HERE ARE SOME OF THE HIGHLIGHTS FROM 2014:

STUDY SHEDS NEW LIGHT ON BIOLOGY OF NESTING IN WORLD'S LARGEST SEA
TURTLE SPECIES

THE LARGEST-EVER STUDY OF BLOOD PROTEINS IN LEATHERBACKS WAS RELEASED
IN FEBRUARY BY MOTE, REVEALING SOME OF THE FASCINATING BIOLOGY BEHIND
ONE OF NATURE'S MOST DEMANDING LIFE CYCLES.

THIS NEW STUDY, LED BY A MOTE SCIENTIST AND PUBLISHED IN THE
PEER-REVIEWED JOURNAL CONSERVATION PHYSIOLOGY, USED THE MOST DETAILED
ANALYSIS OF BLOOD PROTEINS IN LEATHERBACKS TO DATE TO CONFIRM THAT
ANOTHER POPULATION AT ST. CROIX IN THE U.S. VIRGIN ISLANDS FASTS WHILE
NESTING, STRENGTHENING THE EMERGING PICTURE OF THE LEATHERBACK LIFE
CYCLE. MORE RESULTS ALSO SHOW HOW FASTING AND MIGRATION MAY AFFECT THE
TURTLES' BODIES, WHICH PROVIDES VITAL INFORMATION FOR RESOURCE MANAGERS
SEEKING TO PROTECT THIS ENDANGERED SPECIES.

THE RESEARCHERS COLLECTED 217 BLOOD SAMPLES FROM 76 LEATHERBACKS THAT
CRAWLED ASHORE TO NEST DURING 2009 IN ST. CROIX, AFTER THEIR MIGRATION
FROM FEEDING GROUNDS IN THE NORTH ATLANTIC. THEIR RESULTS REVEALED THE
TOTAL AMOUNT OF PROTEINS, THE PERCENTAGE OF EACH TYPE AND THE RATIO OF
ALBUMINS TO GLOBULINS. THESE MEASURES HELP REVEAL WHETHER THE TURTLES
ARE FEEDING, HOW HEALTHY THEY ARE AND WHETHER THEY HAVE PROBLEMS
INCLUDING INJURIES OR INFLAMMATION.

SHARKS SENSE PREY IN SURPRISING WAYS, ACCORDING TO MAJOR STUDY

HOW SHARKS HUNT PREY WAS REVEALED AS NEVER BEFORE IN A NEW STUDY ABOUT

Name of the organization

MOTE MARINE LABORATORY, INC.

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SHARK SENSES THAT WAS SUPPORTED BY THE NATIONAL SCIENCE FOUNDATION AND PUBLISHED APRIL 2 IN THE PEER-REVIEWED JOURNAL PLOS ONE.

THE STUDY OF BLAKTIP, BONNETHEAD AND NURSE SHARKS, LED BY SCIENTISTS FROM MOTE, THE UNIVERSITY OF SOUTH FLORIDA (USF) IN TAMPA AND BOSTON UNIVERSITY, WAS THE FIRST TO SHOW HOW VISION, TOUCH, SMELL AND OTHER SENSES COMBINE TO GUIDE A DETAILED SERIES OF ANIMAL BEHAVIORS FROM START TO FINISH. RESULTS SHOW THAT SHARKS WITH DIFFERENT LIFESTYLES MAY FAVOR DIFFERENT SENSES, AND THEY CAN SOMETIMES SWITCH WHEN THEIR PREFERRED SENSES ARE BLOCKED. THAT'S HOPEFUL NEWS FOR SHARKS TRYING TO FIND FOOD IN CHANGING, SOMETIMES DEGRADED ENVIRONMENTS.

IN GENERAL, THE RESULTS PROVIDE THE MOST DETAILED PLAY-BY-PLAY DESCRIPTION OF SHARK HUNTING BEHAVIOR TO DATE, FROM LONG-RANGE TRACKING OF SMELLS AND SWIMMING UPSTREAM USING THE LATERAL LINE TO ORIENTING AND STRIKING USING VISION, LATERAL LINE AND FINALLY ELECTRORECEPTION.

MOTE'S 28TH RUN FOR THE TURTLES MAKES GREAT STRIDES FOR ENDANGERED SPECIES

MORE THAN 800 RUNNERS AND WALKERS HIT THE BEACH TO HELP ENDANGERED AND THREATENED SEA TURTLES DURING MOTE'S 28TH RUN FOR THE TURTLES ON APRIL 5 AT SIESTA PUBLIC BEACH.

THE RUN, WHICH INCLUDES A 5K SANCTIONED BY THE MANASOTA TRACK CLUB AND A 1-MILE FUN-RUN/WALK, HAS PROVIDED MAJOR SUPPORT FOR MOTE MARINE LABORATORY'S SEA TURTLE CONSERVATION AND RESEARCH PROGRAM, WHICH HAS COORDINATED SEA TURTLE CONSERVATION FOR 33 YEARS ALONG 35 MILES OF SARASOTA COUNTY BEACHES. MOTE SCIENTISTS AND VOLUNTEERS IN MOTE'S SEA

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TURTLE PATROL MONITOR SEA TURTLE NESTING EACH DAY DURING NESTING SEASON, MAY 1-OCT. 31.

THE RUN, A JOINT EFFORT BETWEEN MOTE, THE MANASOTA TRACK CLUB AND SARASOTA COUNTY PARKS AND RECREATION, RAISES FUNDS TO HELP MOTE SCIENTISTS STUDY AND PROTECT SEA TURTLES, WHICH ARE CONSIDERED THREATENED OR ENDANGERED UNDER FEDERAL LAW.

TAGGED GREAT WHITE SHARKS VISIT GULF

A GREAT WHITE SHARK NICKNAMED "BETSY" AND TAGGED FOR RESEARCH OFF CAPE COD WAS TRACKED ABOUT 63 MILES OFF BOCA GRANDE, FLA., ON APRIL 25. IN THE WEEKS THAT FOLLOWED, ANOTHER TAGGED GREAT WHITE SHARK NICKNAMED "KATHARINE" WAS ALSO TRACKED IN THE GULF OF MEXICO.

BETSY AND KATHARINE WERE EACH FITTED WITH MULTIPLE SCIENTIFIC TAGS DURING A TEAM EXPEDITION LED BY THE ORGANIZATION OCEARCH IN AUGUST 2013 OFF CAPE COD. THE SCIENTIFIC TEAM INCLUDED DRS. BOB HUETER AND NICK WHITNEY FROM MOTE'S CONGRESSIONALLY DESIGNATED CENTER FOR SHARK RESEARCH AND MANY OTHER RESEARCHERS AND INSTITUTIONS.

BETSY WAS THE FIRST WHITE SHARK FROM THE OCEARCH-LED EXPEDITIONS IN THE ATLANTIC TO BE TRACKED INTO THE GULF.

U.S. AND ISRAELI SCIENTISTS PARTNER ON INTERNATIONAL OCEAN INITIATIVES MOTE AND THE INTERUNIVERSITY INSTITUTE FOR MARINE SCIENCES (IUI) IN EILAT, ISRAEL, SIGNED A MEMORANDUM OF UNDERSTANDING (MOU) ON MAY 2 THAT WILL LEAD TO NEW RESEARCH ENDEAVORS DESIGNED TO UNDERSTAND THE IMPACTS THAT CLIMATE CHANGE WILL HAVE ON CORAL REEFS AND FIND WAYS TO RESTORE

Name of the organization MOTE MARINE LABORATORY, INC.	Employer identification number 59-0756643
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AND PROTECT REEFS WORLDWIDE.

THIS NEW RESEARCH PARTNERSHIP WILL ALSO SUPPORT RESEARCH ON OCEAN ACIDIFICATION, THE ECOLOGY OF SHARKS AND BUTTERFLYFISH, MARINE BIOMEDICINE AND MANY OTHER KEY SUBJECTS SHARED BY THESE TWO WORLD-CLASS MARINE SCIENCE ORGANIZATIONS.

ON MAY 2, DR. CROSBY AND DR. AMATZIA GENIN, DIRECTOR OF THE IUI, SIGNED THE AGREEMENT AT THE IUI IN EILAT. THE SIGNING CEREMONY TOOK PLACE DURING A HISTORIC TRIP BACK TO THE RED SEA WITH MOTE FOUNDER DR. CLARK, AS SHE CELEBRATED HER 92ND BIRTHDAY.

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

MOTE'S ANIMAL HOSPITALS THANK SARA ROBERTS FOUNDATION FOR GRANT MOTE ANNOUNCED IN JUNE THAT THE LAB RECEIVED A GRANT OF NEARLY \$106,000 FROM THE SARA ROBERTS FOUNDATION TO SUPPORT RESCUE, REHABILITATION AND RELEASE OF SICK AND INJURED MARINE ANIMALS. THE FUNDS WERE PROVIDED FOR OPERATING SUPPORT AND HELPING PURCHASE EQUIPMENT FOR MOTE'S HOSPITALS FOR DOLPHINS, WHALES AND SEA TURTLES.

MOTE'S ANIMAL HOSPITALS HAVE TREATED 70 DOLPHINS AND WHALES SINCE 1992 AND MORE THAN 450 SEA TURTLES SINCE 1995.

FLORIDA LEGISLATOR WOWED BY MOTE'S CORAL RESEARCH IN THE KEYS STATE REP. HOLLY MERRILL RASCHEIN, R-KEY LARGO, VISITED MOTE'S TROPICAL RESEARCH LABORATORY ON SUMMERLAND KEY ON JUNE 6 TO LEARN HOW MOTE IS STUDYING AND RESTORING CORAL REEFS, ESPECIALLY IN THE FLORIDA KEYS.

RASCHEIN SAID SHE CAME AWAY EDUCATED AND INSPIRED.

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CORAL REEFS ARE BELIEVED TO SUPPORT AS MUCH AS 40 PERCENT OF ALL THE MARINE LIFE. FLORIDA'S CORAL REEF SYSTEM IS THE THIRD LARGEST LIVING REEF ON THE PLANET - AND IT IS SIGNIFICANTLY IMPORTANT TO FLORIDA'S ECONOMY. HOWEVER, FLORIDA'S REEFS HAVE FACED EXTREME CHALLENGES DURING THE PAST 40 YEARS FROM MULTIPLE THREATS INCLUDING OCEAN ACIDIFICATION ALONG WITH RISING WATER TEMPERATURE AND DISEASES.

MOTE SCIENTISTS ARE STUDYING HOW THESE CHALLENGES AFFECT REEFS, AND MOTE HAS ALSO DEVELOPED INNOVATIVE TECHNIQUES FOR RESTORING FLORIDA'S CORALS, INCLUDING METHODS TO RAISE THOUSANDS OF CORAL FRAGMENTS AND REPLANT THEM ON DEPLETED REEFS IN THE WILD.

MOTE AND FWC TRACK OFFSHORE RED TIDE

THE FLORIDA FISH AND WILDLIFE CONSERVATION COMMISSION (FWC) REPORTED IN LATE JULY THAT A BLOOM OF FLORIDA RED TIDE WAS CONFIRMED IN WATER SAMPLES COLLECTED OFFSHORE OF HERNANDO COUNTY.

MOTE SCIENTISTS CONDUCTED WATER SAMPLING SURVEYS AND LAUNCHED AUTONOMOUS UNDERWATER VEHICLES (ALSO KNOWN AS AUVS OR UNDERWATER ROBOTS) TO LEARN MORE ABOUT THE BLOOM AND THE PHYSICAL CONDITIONS SURROUNDING IT. MOTE WORKED CLOSELY WITH OTHER PARTNERS TO MONITOR AND STUDY THE BLOOM, WHILE ALSO PROVIDING VITAL DATA TO EXPAND OUR UNDERSTANDING OF FLORIDA RED TIDE.

IN ADDITION, MOTE SCIENTISTS DEPLOYED THE UNDERWATER ROBOT WALDO ON A JOINT MISSION WITH A ROBOT FROM USF TO MONITOR THE BLOOM - ONE OF SIX MISSIONS MOTE'S ROBOT CARRIED OUT IN 2014. FINDINGS FROM 2014 WILL FEED INTO LONG-TERM STUDIES ABOUT THE BIOLOGY, ECOLOGY AND OTHER DYNAMICS OF

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RED TIDE BLOOMS.

MOTE CREATES REEF RESTORATION SITE AS REMEMBRANCE FOR FALLEN WARRIORS VOLUNTEERS FROM SCUBANAUTS INTERNATIONAL, THE COMBAT WOUNDED VETERAN CHALLENGE AND GOLD STAR TEEN ADVENTURES JOINED MOTE SCIENTISTS IN MOTE'S UNDERWATER CORAL NURSERY FOR A CRITICAL MISSION THIS SUMMER: CORAL REEF RESTORATION.

WORKING WITH MOTE SCIENTISTS, THESE VOLUNTEERS HELPED PLANT THREATENED STAGHORN CORALS IN A SPECIAL RESTORATION SITE NEAR LOOE KEY OVER TWO WEEKS IN JULY. BY THE END OF THE MISSION, THE GROUPS PLANTED 850 CORAL FRAGMENTS AND HELPED TO CREATE ANOTHER 2,300 FRAGMENTS THAT WILL BE GROWN IN MOTE'S UNDERWATER CORAL NURSERY AND THEN PLANTED ON THE REEF.

THE EVENT ALSO MARKED THE CREATION OF A NEW RESTORATION AREA TO HONOR THE SACRIFICES OF AMERICAN SERVICEMEN AND WOMEN SET ASIDE ON A PATCH REEF ABOUT A MILE LONG EAST OF LOOE KEY.

NEW PROJECT WORKING TOWARD CONSERVATION OF DUGONGS IN MALAYSIA A NEW PROJECT UNDER WAY IN MALAYSIA IS FOCUSED ON A VULNERABLE POPULATION OF DUGONGS - MARINE MAMMALS RELATED TO MANATEES - WITH THE GOAL OF USING FINDINGS TO HELP SAVE THE NATION'S DWINDLING POPULATION AND IMPROVE HUMAN HEALTH ALONG THE WAY.

THE PROJECT LEADER, DR. LOUISA PONNAMPALAM, A RESEARCH FELLOW AT THE INSTITUTE OF OCEAN AND EARTH SCIENCES AT THE UNIVERSITY OF MALAYA AND CO-FOUNDER OF THE NONPROFIT MARECET RESEARCH ORGANIZATION, IS CONDUCTING A THREE-YEAR HEALTH RISK ASSESSMENT OF HER NATION'S DUGONG

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POPULATION AND WORKING TO HELP INCREASE GRASSROOTS AND MANAGEMENT
SUPPORT FOR PROTECTING THE SPECIES.

IN 2014, DR. JOHN REYNOLDS, DIRECTOR OF THE ICMC AND LEADER OF MOTE'S
MANATEE RESEARCH PROGRAM, AND DR. DANA WETZEL, MANAGER OF MOTE'S
ENVIRONMENTAL LABORATORY FOR FORENSICS, JOINED PONNAMPALAM IN MALAYSIA
TO BEGIN COLLECTING THE ENVIRONMENTAL SAMPLES NEEDED TO ADDRESS THE
RISKS THAT DUGONGS FACE. IN AUGUST, WETZEL AND REYNOLDS COLLECTED
SAMPLES FROM SEAGRASSES AND SEDIMENTS, WHICH WETZEL WILL ANALYZE IN HER
LAB FOR CONTAMINANTS.

MOTE SCIENTIST HONORED BY INTERNATIONAL SHARK RESEARCH SOCIETY
IN AUGUST, SHARK RESEARCHERS PLACED MOTE SCIENTIST DR. CARL LUER IN
THEIR "HALL OF FAME." THE AMERICAN ELASMOBRANCH SOCIETY (AES) PRESENTED
ITS DISTINGUISHED FELLOW AWARD TO LUER, WHO STUDIES DISEASE-FIGHTING
TRAITS OF SHARKS AND RAYS TO SUPPORT THE QUEST FOR BETTER HUMAN MEDICAL
CARE.

AES IS THE INTERNATIONAL LEVEL, PROFESSIONAL SOCIETY FOR THOSE WHO
STUDY SHARKS AND THEIR RELATIVES THE SKATES, RAYS, GUITARFISH AND
SAWFISH - A GROUP OF FISHES CALLED ELASMOBRANCHS. THE AES DISTINGUISHED
FELLOW AWARD RECOGNIZES CAREER ACCOMPLISHMENTS THAT HAVE CONTRIBUTED
SIGNIFICANTLY TO THE KNOWLEDGE AND UNDERSTANDING OF SHARKS AND THEIR
RELATIVES.

HATCHERY-REARED SNOOK RELEASED INTO SARASOTA BAY
ON AUG. 15, SCIENTISTS FROM MOTE AND FLORIDA'S FISH AND WILDLIFE
CONSERVATION COMMISSION (FWC) RELEASED HATCHERY-REARED JUVENILE SNOOK

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INTO THE WILD AS PART OF AN ONGOING PROGRAM DESIGNED TO FIND THE MOST EFFECTIVE METHODS TO REPLENISH AND ENHANCE WILD SNOOK POPULATIONS. THE SPECIES IS ONE OF FLORIDA'S MOST POPULAR SPORT FISH AND PLAYS AN IMPORTANT ROLE IN DRAWING RECREATIONAL ANGLERS TO THE STATE.

SNOOK, ALONG WITH RED DRUM, ARE THE MAIN TEST SPECIES FOR RESTOCKING EFFORTS STATEWIDE. THIS PROJECT - WHICH INVOLVED TAGGING AND THEN RELEASING MORE THAN 2,200 SNOOK INTO SARASOTA BAY DURING OVER THREE DAYS - IS DESIGNED TO DETERMINE WHETHER SNOOK THAT HAVE BEEN CONDITIONED FOR RELEASE AT MOTE HAVE BETTER GROWTH AND SURVIVAL RATES IN THE WILD.

SCALLOP SEARCH DRAWS COMMUNITY TOGETHER

THE ANNUAL SCALLOP SEARCH LED BY THE NONPROFIT SARASOTA BAY WATCH TALLIED 40 SCALLOPS ON AUG. 23, SURPASSING THE COUNT OF 11 FROM 2013. THE EVENT DREW MORE THAN 130 VOLUNTEERS, STRENGTHENING THE LOCAL COMMUNITY'S COMMITMENT TO MONITOR AND RESTORE SCALLOP POPULATIONS IN SARASOTA BAY.

MOTE SCIENTIST JIM CULTER WAS JOINED BY DR. KENJI KITAMURA FROM JAPAN'S RESEARCH INSTITUTE FOR HUMANITY AND NATURE (RIHN), WHICH IS DOCUMENTING THE LOCAL SCALLOP RESTORATION EFFORT AS PART OF A GLOBAL STUDY ON SCIENCE AND SOCIETY.

SCALLOPS AND OTHER IMPORTANT SPECIES OF SHELLFISH IN FLORIDA HAVE SERIOUSLY DECLINED DUE TO CHANGES SUCH AS HABITAT LOSS, POLLUTION, DREDGE-AND-FILL OPERATIONS, OVERHARVESTING AND BLOOMS OF HARMFUL ALGAE KNOWN AS RED TIDES. TO RESTORE DEPLETED POPULATIONS IN SARASOTA BAY,

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MOTE HAS TEAMED UP WITH LOCAL ORGANIZATIONS, BUSINESS LEADERS AND MANY VOLUNTEER CITIZEN SCIENTISTS TO RELEASE HATCHERY-RAISED SCALLOPS INTO THE BAY AND MONITOR FOR SIGNS OF RECOVERY.

INNOVATIVE AQUAPONICS PROJECT RAISES SALTWATER FISH AND SEA VEGGIES
MOTE AQUACULTURE PARK (MAP) - MOTE'S SUSTAINABLE FISH FARMING RESEARCH FACILITY - LAUNCHED A PIONEERING PROJECT IN FALL 2014 TO ADVANCE MARINE AQUAPONICS: FARMING SEAFOOD WHILE USING THE WASTEWATER TO FERTILIZE SALT-LOVING CROPS.

THIS COMMERCIAL DEMONSTRATION PROJECT, FUNDED BY FLORIDA SEA GRANT AND DONE IN PARTNERSHIP WITH THE UNIVERSITY OF SOUTH FLORIDA (USF) AND MORNINGSTAR FISHERMEN, IS USING ECO-FRIENDLY TECHNOLOGY DEVELOPED AT MAP TO RAISE THE SALTWATER FISH SPECIES, RED DRUM, TOGETHER WITH PLANT SPECIES SEA PURLSANE AND SALTWORT. THE PROJECT AIMS TO BRING ITS TASTY RESULTS FROM FARM TO FORK, SHOWING COMMUNITIES A NEW WAY TO PRODUCE FOOD LOCALLY FOR FARMERS' MARKETS AND RESTAURANTS.

NEAR-RECORD TURTLE NESTING CONCLUDES, RESEARCH ADVANCES
BEACHES FROM LONGBOAT KEY THROUGH VENICE HOSTED A NEAR-RECORD NUMBER OF SEA TURTLE NESTS IN 2014 FOR A GRAND TOTAL OF 2,461 NESTS, WHILE MOTE'S SEA TURTLE RESEARCH CONTINUES TO ADVANCE.

IN 2014, MOTE POSTDOCTORAL FELLOW DR. JUSTIN PERRAULT AND MOTE INTERNS SUCCESSFULLY DOCUMENTED AND ID-TAGGED 228 TURTLES, INCLUDING 190 THAT SCIENTISTS HAD NEVER BEFORE ENCOUNTERED ON LOCAL BEACHES.

MOTE POSTDOCTORAL FELLOW PERRAULT HAS ALSO BEEN INVESTIGATING WHETHER

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Schedule O (Form 990 or 990-EZ) (2014)

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TOXINS FROM FLORIDA RED TIDE, KNOWN AS BREVETOXINS, ARE STORED IN SEA TURTLES' BODIES AND POTENTIALLY PASSED TO THEIR EGGS.

PERRAULT COLLECTED SAMPLES OF BLOOD AND SCUTES (OUTER COVERINGS OF A TURTLE'S SHELL) FROM 31 NESTING FEMALE LOGGERHEAD TURTLES, ALL OF WHICH TESTED POSITIVE FOR BREVETOXIN EXPOSURE, EVEN THOUGH THE LAST MAJOR BLOOM OF FLORIDA RED TIDE WAS, AT THAT TIME, IN MAY 2013 - SUGGESTING THAT THE TURTLES HAD STORED BREVETOXIN COMPOUNDS.

PERRAULT ALSO ANALYZED SIX SEA TURTLE EGGS AND PRELIMINARY RESULTS SUGGEST THAT NESTING FEMALES MAY PASS ALONG RED TIDE TOXINS FROM THEIR FAT STORES TO THEIR YOUNG AND SEA TURTLE HATCHLINGS MAY RECEIVE BREVETOXINS FROM THE EGG'S YOLK SAC, WHICH FEEDS THE HATCHLINGS AS THEY DEVELOP IN THE NEST.

NUTRIENTS THAT FEED RED TIDE "UNDER THE MICROSCOPE" IN MAJOR STUDY IN NOVEMBER, SCIENTISTS ANNOUNCED THAT THE "FOOD" SOURCES SUPPORTING FLORIDA RED TIDES ARE MORE DIVERSE AND COMPLEX THAN PREVIOUSLY REALIZED - A KEY RESULT FROM FIVE YEARS' WORTH OF RESEARCH ON RED TIDE AND NUTRIENTS PUBLISHED AS AN ENTIRE SPECIAL EDITION OF THE SCIENTIFIC JOURNAL HARMFUL ALGAE.

THE MULTI-PARTNER PROJECT WAS FUNDED BY THE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION'S ECOHAB PROGRAM AND INCLUDED 14 RESEARCH PAPERS FROM SEVEN INSTITUTIONS.

THE RESEARCH TEAM STUDIED FOUR RED TIDE BLOOMS CAUSED BY THE HARMFUL ALGAE SPECIES KARENIA BREVIS IN 2001, '07, '08 AND '09, PLUS THE

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NON-BLOOM YEAR 2010. THEIR GOAL WAS TO UNDERSTAND WHICH NUTRIENTS SUPPORTED THESE RED TIDES AND THE EXTENT TO WHICH COASTAL POLLUTION MIGHT CONTRIBUTE, HELPING REVEAL WHAT DRIVES RED TIDE IN SOUTHWEST FLORIDA.

THE PROJECT DOCUMENTED THE MICROBIOLOGY, PHYSIOLOGY, ECOLOGY AND PHYSICAL OCEANOGRAPHY FACTORS AFFECTING RED TIDES IN NEW DETAIL, PROVIDED A SYNTHESIS OF RESULTS AND OFFERED SUGGESTIONS FOR RESOURCE MANAGERS ADDRESSING RED TIDE IN THE COASTAL WATERS OF SOUTHWEST FLORIDA.

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, FLA, THE AQUARIUM HAS PLAYED A KEY ROLE IN MOTE'S OUTREACH EFFORTS SINCE 1980 BY PRESENTING EXHIBITS AND PROGRAMS THAT REFLECT ONGOING RESEARCH IN THE LABORATORY AND THAT STIMULATE CURIOSITY, DISCOVERY, EXPLORATION AND STEWARDSHIP OF AQUATIC ENVIRONMENTS.

IN 2014, 304,180 GUESTS VISITED THE AQUARIUM, WITH OUR TRAVELING EXHIBIT (MOTE MOBILE) REACHING MORE THAN 300,000 PEOPLE THROUGHOUT FLORIDA.

MOTE AQUARIUM DISPLAYS MORE THAN 100 MARINE SPECIES, INCLUDING SHARKS,

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

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

BEHIND THE SCENES, MOTE ALSO CARES FOR STRANDED, SICK OR INJURED DOLPHINS, WHALES AND SEA TURTLES WITH THE GOAL OF RETURNING THEM TO THE WILD. MOTE'S ANIMAL CARE STAFF SEEKS TO EXPAND KNOWLEDGE OF THE BASIC BIOLOGY, VETERINARY CARE AND DISEASE PROCESSES OF THESE ANIMALS. WHEN

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ANIMALS ARE SUCCESSFULLY RELEASED, EVERY EFFORT IS MADE TO DO FOLLOW-UP MONITORING OF THE SHORT- AND LONG-TERM MOVEMENTS OF THESE ANIMALS.

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

MOTE HAS BEEN REHABILITATING SICK AND INJURED SEA TURTLES SINCE 1995. WE HAVE TREATED MORE THAN 475 SEA TURTLES OVER THAT PERIOD - INCLUDING SEA TURTLES SUFFERING FROM FIBROPAPILLOMA TUMORS. THESE TUMORS ARE BELIEVED TO BE CAUSED BY A VIRUS AND, BECAUSE THE TRANSMISSION MECHANISM FOR THIS DISEASE REMAIN UNKNOWN, THE FACILITIES WHERE THESE TURTLES ARE TREATED ARE SEPARATE FROM OUR OTHER TURTLE TREATMENT FACILITIES. MOTE IS ONE OF ONLY THREE FACILITIES IN FLORIDA THAT IS ABLE TO PROVIDE THIS SPECIALIZED CARE.

TRIPADVISOR NAMES MOTE 10TH BEST U.S. AQUARIUM! TRAVELERS HAVE SPOKEN AND MOTE AQUARIUM MADE THE TOP 10 LIST OF BEST U.S. AQUARIUMS, AS PART OF THEIR 2014 TRAVELER'S CHOICE AWARDS.

THE AWARDS HONOR TOP TRAVEL SPOTS WORLDWIDE BASED ON THE MILLIONS OF REVIEWS AND OPINIONS FROM TRIPADVISOR TRAVELERS. AWARD WINNERS WERE DETERMINED USING AN ALGORITHM THAT TOOK INTO ACCOUNT THE QUANTITY AND QUALITY OF REVIEWS FOR ZOOS AND AQUARIUMS WORLDWIDE, GATHERED OVER A

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12-MONTH PERIOD.

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

EDUCATION

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

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

MOTE ALSO PRESENTS ON-SITE EXPERIENCES FOR STUDENTS THROUGH SCHOOL AND PUBLIC PROGRAMS, SUMMER CAMPS AND INTERNSHIP PROGRAMS - INCLUDING THE NATIONAL SCIENCE FOUNDATION-FUNDED RESEARCH EXPERIENCES FOR UNDERGRADUATES (REU), WHICH ALLOWS UNDERGRADUATE COLLEGE STUDENTS THE OPPORTUNITY TO UNDERTAKE SCIENTIFIC STUDIES UNDER THE DIRECT MENTORSHIP OF A PH.D.-LEVEL RESEARCHER. IN 2014, MOTE CELEBRATED ITS ELEVENTH SUCCESSFUL YEAR OF HOSTING THIS NATIONAL SCIENCE FOUNDATION-FUNDED PROGRAM, WHICH IS DESIGNED TO ENCOURAGE STUDENTS INTERESTED IN STEM FIELDS.

IN 2014, MOTE TEAMED UP WITH SARASOTA-MANATEE UNIVERSITIES DURING THE

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2014-2015 SCHOOL YEAR TO OFFER 13 LOCAL UNIVERSITY STUDENTS AN INTENSIVE MARINE SCIENCE INTERNSHIP EXPERIENCE. THE NEW MOTE REU-USFSM PROGRAM GREW FROM THE ONGOING EDUCATIONAL PARTNERSHIP BETWEEN MOTE AND UNIVERSITY OF SOUTH FLORIDA SARASOTA-MANATEE (USFSM), AND IT DRAWS UPON MOTE'S 11 YEARS OF EXPERIENCE HOSTING THE PRESTIGIOUS, NATIONAL-LEVEL REU INTERNSHIP PROGRAM.

THE PROGRAM PROVIDES PAID RESEARCH-TRAINING EXPERIENCES TO UNDERGRADUATE STUDENTS WHO ARE ENROLLED IN USFSM COURSES. FUNDING SUPPORT FOR ALL REU-USFSM INTERNS IS PROVIDED BY THE STATE OF FLORIDA WITH THE GOAL OF ADVANCING STEM EDUCATION.

INTERNS ARE EXPECTED TO COMPLETE A MINIMUM OF 160 HOURS OF RESEARCH EXPERIENCE BETWEEN AUGUST, 2014 AND JULY, 2015. START AND END DATES DURING THIS PERIOD ARE TAILORED TO SPECIFIC RESEARCH PROJECTS. THE REU-USFSM PROGRAM EARNED MOTE A SPOT ON THE 2015-2016 EMPLOYER RECOGNITION WALL IN THE CAREER SUCCESS CENTER AT USF SARASOTA-MANATEE.

IN ALL, OUR SCHOOL AND PUBLIC PROGRAMS REACHED 25,218 CHILDREN AND ADULTS THROUGH OUR SPECIAL PROGRAMMING, AND OUR MOTE MOBILE AND OTHER TRAVELING EXHIBITS REACHED MORE THAN 300,000 NATIONALLY AND INTERNATIONALLY. MOTE-SPONSORED EDUCATION PROGRAMS IN CHARLOTTE COUNTY REACHED MORE THAN 3,854 PARTICIPANTS AND MOTE HOSTED 266 HIGH SCHOOL INTERNS AND COLLEGE INTERNS. MOTE'S SUMMER PROGRAMS REACHED AN ALL-TIME RECORD OF 801 ENROLLED PARTICIPANTS.

MOTE VOLUNTEERS ALSO PLAY A STRONG ROLE IN HELPING MOTE TO ACCOMPLISH ITS MISSION BY SHARING THEIR TIME AND EXPERTISE AS AQUARIUM DOCENTS,

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BEHIND-THE-SCENES CONTRIBUTORS AND EVEN LABORATORY RESEARCH ASSISTANTS.

IN 2014, 1,685 VOLUNTEERS CONTRIBUTED 212,337 SERVICE HOURS TO MOTE.

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

PROTECT OUR REEFS

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

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

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

TO HELP SUPPORT MARINE RESEARCH, CONSERVATION AND EDUCATION EFFORTS
DESIGNED AT SAVING FLORIDA'S REEF, MOTE MARINE LABORATORY SPONSORED THE
CREATION OF THE PROTECT OUR REEFS SPECIALTY LICENSE PLATE IN FLORIDA.
THE PLATE WAS APPROVED BY THE FLORIDA LEGISLATURE IN JULY 2003. MOTE
ADMINISTERS THESE FUNDS.

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

RESEARCH.

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IN 2014, THE PROTECT OUR REEFS LICENSE PLATE SALES RAISED \$322,780 FOR GRANTS FOCUSED ON CORAL REEF RESEARCH, RESTORATION, EDUCATION AND CONSERVATION. THESE EFFORTS ARE HELPING SOCIETY GAIN A MORE COMPREHENSIVE PICTURE OF WHY CORALS ARE IN DECLINE AND THE FACTORS THAT KEEP CORALS HEALTHY. THE OUTREACH PROGRAMS HELP FLORIDA RESIDENTS AND TOURISTS BETTER UNDERSTAND CORAL REEF ECOSYSTEMS AND HOW HUMAN ACTIVITY AFFECTS THEM AND HOW THEY CAN PROACTIVELY ASSIST IN PROTECTING AND RESTORING CORAL REEFS.

FLORIDA DRIVERS WHO PURCHASE THE STATE'S PROTECT OUR REEFS SPECIALTY LICENSE PLATE ARE SUPPORTING PROGRAMS LIKE THIS THAT HELP US ATTACK CORAL REEF PROBLEMS ON A NUMBER OF FRONTS.

AQUACULTURE PARK

MOTE AQUACULTURE PARK FACILITY OPERATIONS

MOTE HAS A 200-ACRE, STATE-OF-THE-ART AQUACULTURE FACILITY SUPPORTING THE CONSERVATION OF THE WORLD'S FISHERIES AND SUSTAINABLE SEAFOOD PRODUCTION. THE PARK INCLUDES OVER 125,000 SQUARE FEET OF RESEARCH AND DEVELOPMENT FACILITIES, WHICH HAVE BEEN DEDICATED TO MOTE'S COMMERCIAL STURGEON DEMONSTRATION PROGRAM AND ITS MARINE AND FRESHWATER AQUACULTURE RESEARCH PROGRAM.

STUDIES AT THE FACILITY FOCUS ON GROWTH, SPAWNING, HEALTH AND OTHER CHARACTERISTICS OF SALTWATER SPECIES SUCH AS COMMON SNOOK, POMPAÑO AND RED DRUM FOR RESTOCKING PROGRAMS, RESEARCH AND TECHNOLOGY DEVELOPMENT FOR SUSTAINABLE SEAFOOD PRODUCTION.

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THROUGH ITS EFFORTS WITH FRESHWATER SIBERIAN STURGEON, IN 2006 MOTE BECAME THE FIRST ORGANIZATION IN FLORIDA TO PRODUCE CAVIAR - DEMONSTRATING THAT LARGE-SCALE AQUACULTURE PRODUCTION USING WATER RECIRCULATING TECHNOLOGIES WAS FEASIBLE IN THE STATE. MOTE FARM-RAISED CAVIAR HAS BEEN EXTREMELY WELL RECEIVED AND IN DEMAND NATIONWIDE.

2014 BROUGHT TWO MAJOR SUCCESSES:

MOTE SOLD THE RIGHTS TO RUN THE STURGEON/CAVIAR OPERATION TO THE PRIVATE BUSINESS SOUTHEAST VENTURE HOLDINGS, LLC (SEVEN HOLDINGS), WHICH IS INCORPORATING THE CAVIAR INTO THEIR HEALTHY EARTH BRAND. THE SALE MARKS THE FIRST MAJOR PRIVATE BUSINESS SPIN-OFF FROM MOTE RESEARCH - ONE OF OUR KEY STRATEGIC GOALS. (NOTE: MOTE STILL OWNS THE ENTIRE 200-ACRE AQUACULTURE PARK AND CONTINUES RESEARCH THERE.)

MOTE LAUNCHED A PROTOTYPE GREENHOUSE FOR MARINE AQUAPONICS: RAISING SALTWATER RED DRUM IN 100-PERCENT RECIRCULATING AQUACULTURE WHILE USING THE WASTEWATER TO FERTILIZE SALT-LOVING, EDIBLE PLANTS. MOTE HAS SINCE BEGUN PRELIMINARY MARKETING OF PLANTS TO LOCAL CHEFS AND A FARMERS' MARKET.

MEMBERSHIP

IN 2014 MOTE MARINE LABORATORY AND AQUARIUM WAS FORTUNATE TO CONTINUE AND STRENGTHEN OUR 7,000 (HOUSEHOLDS) MEMBERSHIP PROGRAM. MEMBERSHIP DUES PROVIDE UNRESTRICTED FUNDS THAT ARE PUT TO WHERE THE NEED IS GREATEST ANNUALLY. INDIVIDUAL MEMBERSHIP LEVELS BEGIN AT \$65 AND RISE TO \$1,000. MEMBERSHIP BENEFITS INCLUDE UNRESTRICTED VISITS TO MOTE AQUARIUM WITH THE NUMBER OF GUESTS ALLOWED BASED ON INDIVIDUAL

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MEMBERSHIP LEVELS; DISCOUNTS IN THE AQUARIUM SHOPS; DISCOUNTS ON
 EDUCATION PROGRAMS AND CAMPS; FREE AND DISCOUNTED ADMISSIONS TO MORE
 THAN 100 ZOOS AND AQUARIUMS ACROSS THE UNITED STATES AND MUCH MORE.
 FOR A COMPLETE LIST OF MEMBERSHIP LEVELS, BENEFITS AND OPPORTUNITIES
 PLEASE VISIT OUR WEBSITE AT WWW.MOTE.ORG/MEMBERSHIP
 EXPENSES \$ 3,251,565. INCL GRANTS OF \$ 110,174. REVENUE \$ 2,337,944.

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 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

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

59-0756643

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

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

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

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

CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF MOTE MARINE FOUNDATION, INC.	248,502.
EQUITY EARNINGS IN SUBSIDIARY INCOME	-257,266.
TOTAL TO FORM 990, PART XI, LINE 9	-8,764.

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

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

MOTE MARINE LABORATORY, INC.

Employer identification number

59-0756643

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

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

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

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

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

Schedule R (Form 990) 2014

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<u>MOTE AQUACULTURE, INC., - 65-0628959</u> <u>1600 KEN THOMPSON PARKWAY</u> <u>SARASOTA, FL 34236</u>	MARINE AND ENVIRONMENTAL RESEARCH	FL		C CORP			100.00%		X

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

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

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

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

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

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

Report of Employer-Owned Life Insurance Contracts

OMB No. 1545-2089

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

Attachment
 Sequence No. 160

Name(s) shown on return

Identifying number

MOTE MARINE LABORATORY, INC.

59-0756643

Name of policyholder, if different from above

Identifying number, if different from above

Type of business

NONPROFIT

1 Enter the number of employees the policyholder had at the end of the tax year	1	204.
2 Enter the number of employees included on line 1 who were insured at the end of the tax year under the policyholder's employer-owned life insurance contract(s) issued after August 17, 2006. See Section 1035 exchanges for an exception	2	1.
3 Enter the total amount of employer-owned life insurance in force at the end of the tax year for employees who were insured under the contract(s) specified on line 2	3	25,000.
4a Does the policyholder have a valid consent (see instructions) for each employee included on line 2? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b If "No," enter the number of employees included on line 2 for whom the policyholder does not have a valid consent	4b	

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

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

Enter filer's identifying number, see instructions

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

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

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

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

DENA SMITH @ MOTE MARINE LABORATORY

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2015.**

5 For calendar year **2014**, or other tax year beginning _____, and ending _____.

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

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

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

Signature and Verification must be completed for Part II only.

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

Signature Title **CPA** Date