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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

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.

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

Inspection

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Inter	nal Revenu	De Service ► Information about Form 990 and its instructions i	s at www.ir	s.gov/form99	Ю	inspec	uon				
<u>A</u> _	For the	2013 calendar year, or tax year beginning , 201	3, and endi	ng		, 20					
В	Check if	applicable C Name of organization Mote Marine Foundation, Inc			D Employer	identification n	umber				
	Address	change Doing Business As			L	59-2226800					
	Name ch	ange Number and street (or PO box if mail is not delivered to street address)	Room/s	uite	E Telephone	number	_				
	Initial retu	ial return 1600 Ken Thompson Parkway 941-388-4441									
	Terminat		-								
	Amended	return Sarasota, FL 34236			G Gross rec	eipts \$					
$\overline{\Box}$		on pending F Name and address of principal officer Michael P Crosby, Preside	nt	H/a) Is this a		bordinates? Yes	. √ No				
_	, ipplicati	Wilding Transfer and		1		ncluded? Tes					
_	Tay ayas	npt status	or			st (see instruction					
<u> </u>	Website:		Or				,				
7					exemption n						
		<u> </u>	Year of forma	ation 1982	MI State o	f legal domicile	FL				
12	art I	Summary									
_	1	Briefly describe the organization's mission or most significant activit									
Activities & Governance	Ì	organization operating as a fund-raising arm to provide funding for scie	ntific and e	ducational pr	ograms at N	Note Marine					
펼		Laboratory, Inc.									
Ver		Check this box ▶☐ if the organization discontinued its operations of	r disposed	of more tha	n 25% of it	s net assets.					
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a) .			. 3		11				
∞ಶ	4	Number of independent voting members of the governing body (Par	t VI, line 1b)	. 4		10				
ies		Total number of individuals employed in calendar year 2013 (Part V,			. 5		0				
ξ	6	Total number of volunteers (estimate if necessary CEIVED.			. 6		0				
Ç	7-	Tatal consists of business recognition Dot VIII column (C) line 470	ပ		. 7a		0				
_	b	Not unrelated business tevelide income from Form 990-T line 34	\mathfrak{S}		7b	 					
	<u>D</u>	Net unrelated business taxable income from Form 990-T, line 34] 	Pnor Y		Current Y	0				
		#` 1	2	11,011	+	- Julioni 1					
Æ			⊈		149,573		914,71 <u>5</u>				
ē	9	Program service revenue (Part VIII, line 2g) OGDEN, UT.	ŀ · ·		0						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			5,126		859,761				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e	e)		О		7,073				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A	A), line 12)		154,699		1,781,549				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0						
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0						
"	15	Salaries, other compensation, employee benefits (Part IX, column (A), lir	nes 5–10)		5,000		5,000				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			3,000		3,000				
ĕ	1 -			13. 1 8. 9	<u>*************************************</u>		4 7, 5				
ă	b		0			·	<u>'</u>				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	- 05)		654,508		1,910,019				
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line			659,508		<u>1,915,019</u>				
	19	Revenue less expenses. Subtract line 18 from line 12			(504,809)		<u>(133,470)</u>				
sets or				Beginning of C	urrent Year	End of Ye	ear				
Set	20	Total assets (Part X, line 16)		1	4,452,146	1	5,743,219				
Net Ass	21	Total liabilities (Part X, line 26)			691,786		48,365				
ž	22	Net assets or fund balances. Subtract line 21 from line 20		1	3,760,360	1	5,694,854				
P	art II	Signature Block									
Ur	der pena	Ities of perjury, I declare that I have examined this return, including accompanying sche	dules and stat	tements, and to	the best of my	y knowledge and	d belief, it is				
tru	e, correc	t, and complete Declaration of preparer (other than officer) is based on all information of	f which prepar	er has any knov	vledge						
_		,									
Sig	gn	Signature of officer		D	ate		-				
He	_	partition of			6/	18/2014	!				
		Type or print name and titleMIQHAEL P CRUSBY				-//					
_		Print/Type preparer's name Preparer's signature	Ti	Date	т _	PTIN	-				
Pa					Check _ self-emple	_					
	epare			Г		oyeu					
	se Onl			Fır	m's EIN ▶						
		Firm's address ▶		Ph	one no						
_		RS discuss this return with the preparer shown above? (see instruction	ons)	<u> </u>			s 🗌 No				
Fo	r Paper	work Reduction Act Notice, see the separate instructions.	Cat	No 11282Y		Form	990 (2013)				
						010					

Form 99	0 (2013)				Page 2
Part		atement of Program Service A			
			sponse or note to any line in this Pa	art III	<u> 🗆</u>
1	-	escribe the organization's mission			
	Mote Mai	rine Foundation, Inc is a non-profit o	organization operating as a fund-raising	g arm to provide funding for scientific	
	and educ	ational programs at Mote Marine La	boratory, Inc.		·
				••••••••	
2	Did the	organization undertake any signific	cant program services during the year	ar which were not listed on the	
				· · · · · · · · · □Y	'es 🗹 No
_		describe these new services on S			
3		organization cease conducting,	or make significant changes in he		
		describe these changes on Scheo		· · · · · · · · · · · · · · · ·	es ☑No
4	Describe expense	e the organization's program servi	ice accomplishments for each of its organizations are required to report		
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$	<u> </u>
	(O = d = :) (F		\ (D	
4b			including grants of \$		
	IN/A				
				••	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	N/A			•••••	

				•	
					•
		·			
4d		rogram services (Describe in Sche			
	(Expens			\$)	
4e	I otal pr	ogram service expenses	0		

Form 9	90 (2013)		í	age 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	\	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	·	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-	_	<u> </u>
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		V
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			•
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
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.			į
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	/	
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? If "Yes," complete Schedule D, Part VII	11b		1
С	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? If "Yes," complete Schedule D, Part VIII	11c		1
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? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	
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)? If "Yes," complete Schedule D, Part X	11f	1	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
b		12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	•	14a		1
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? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	 	✓
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		√
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
20 a	If "Yes," complete Schedule G, Part III	19 20a		1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 	 •

Part I	V 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 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
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	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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 so, complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
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):		1	太
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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	33		1
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	34	1	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
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	36		✓
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,			
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	/	

Part				_
	Check if Schedule O contains a response or note to any line in this Part V		· .	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
	reportable gaming (gambling) winnings to prize winners?	1c	√	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	ا ا		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<u></u>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	70		,
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a		5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
L	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		√
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	C.		1
7	gifts were not tax deductible?	6b		V
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f	1	/
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	√	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		Ť	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			<u>}</u>
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	·	ļ	
a b	Initiation fees and capital contributions included on Part VIII, line 12	-		
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			ļ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	43		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	سندوا	
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14h		T

Part '	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. S			
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		✓
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		▼
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	Ť		_
	one or more members of the governing body?	7a		1
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	- · · ·		
=	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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	9		✓_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	406		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIIa	✓	₁
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	1	
,	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	V	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		_	
_	describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	✓	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	Ļ
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			<u> </u>
L	with a taxable entity during the year?	16a		/
þ	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	1		
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100	L	
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	n 501	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	- / /	. , , - , -	.,,
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: ▶ Dena Smith 1600 Ken Thompson Parkway Sarasota FI 34236 941.388.4441			

orm	990	(2013)	

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

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 no	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles er and	Pos eck s pe d a d	rson	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Eugene H Beckstein	.25	1								
(2) Arthur Armitage	.25	1								
(3) Howard G Crowell, Treasurer	.25	1		1						
(4) Kirk Malcolm, Vice Chairman	.25	1		1						
(5) Judy Graham	.25	1								
(6) Edward Jennings	.25	1								
(7) Howard Seider, Jr Chairman	.25	1		1						
(8) Alan Rose	.25	1			ĺ					
(9) Fred Derr	.25	1								-
(10) Ronald Johnson	.25	1								
(11) Kumar Mahadevan, President until 5/16/2013	.25						1		224,517	35,231
(12) Michael P Crosby, President 5/16/13 to current	.25	1		✓					217,811	25,274
(13) Dena Smith, Secretary	2			1				5,000	110,534	17,443
(14)										

Fairt	Section A. Officers, Directors, Trust	ees, Key E	mplo	700 5			lighes	st C	ompensated E	mployees (contin	ued)
	(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos eck s pe	rson	e than o is both or/trust	an	(D) Reportable compensation	(E) Reportable		(F) Estimated amount of
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M		other compensation from the organization and related organizations
(15)										··· · -		
(16)									-		:	
(17)		 										
(18)												
(19)			-									
(20)												
(21)												
(22)												
(23)								-				
(24)								_				
(25)												
1b	Sub-total							>	5,000	552	2,862	77,948
d	Total (add lines 1b and 1c)							•	5,000	552	2,862	77,948
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	ho received m	ore than \$1	00,00	0 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compe	nsate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	porta	ble	con	npe	nsatio					e 111111111
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc	lividua 	
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repear.											
	(A) Name and business add	tress							(B) Description of s	ervices		(C) Compensation
N/A												
				_			_					
					_							
	Total number of independent contractor	ors (includia	na bi	ıt n		limit	ed to	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nee lieted ah	Ove) who		
	received more than \$100,000 of compen							· u		CVO, WITO		

Part	VIII							
		Check if Schedule O	contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
(0.10)						revenue	revenue	512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns						
<u> </u>	b	Membership dues .						
Contributions, Gifts, and Other Similar Ar	C	Fundraising events .						
<u> </u>	d	Related organizations Government grants (con						
Sig	e f	All other contributions, gi						
ž ž	•	and similar amounts not inc		914,715				
불하	g	Noncash contributions includ		244,584				
Cor	h	Total. Add lines 1a-1			914,715		•	†
			<u></u>	Business Code	97,770		<u> </u>	
Program Service Revenue	2a							
Be.	b							
ice	С					· -		
Ser	d							
Ē	е			·				
ogra	f	All other program ser						
<u> </u>	g	Total. Add lines 2a-2	<u>f </u>	▶	_0			
	3	Investment income	, -					
		and other similar amo			314,553			
	4	Income from investmen	•		0			
	5	Royalties	(ı) Real	▶	0			
		_		(II) Personal	1			
	6a	Gross rents	7,073	+				1
	b	Less: rental expenses	0					
	C	Rental income or (loss)				 	 	
	d 7a	Net rental income or a Gross amount from sales of	(IOSS)	>	7,073			
	/a	assets other than inventory		 			ł	
	ь	Less: cost or other basis	4,654,854	1,114,211				
	"	and sales expenses .	4,223,857	1,000,000				
	c	Gain or (loss)	430,997	 			İ	
	ď	Net gain or (loss) .	+30,337		545,208			-
	-	3						
enne	8a	Gross income from fu	undraising					
		events (not including \$						
Other Rev		of contributions report		ļ				
ē		See Part IV, line 18 .	\cdots a				•	
₹		Less: direct expenses						
_		Net income or (loss) 1		events . >	0			
	9a	Gross income from ga						
		See Part IV, line 19 .		-				
		Less: direct expenses	sb					
	100	Net income or (loss) to		ivities	0		 	
	IUa	Gross sales of in returns and allowance						
	ь	Less: cost of goods	_					
	C	Net income or (loss)			0	 		
	<u>_</u>	Miscellaneous F		Business Code			 	
	11a							
	b							
	С							
	d	All other revenue .						
	е	Total. Add lines 11a-			0			
	12	Total revenue. See i	instructions	▶	1,781,549			

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must comple	(D) ent and Fundraising
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees	ent and Fundraising penses expenses
8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members	ent and Fundraising expenses
organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members	5,000
the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	5,000
organizations, and individuals outside the United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees	5,000
5 Compensation of current officers, directors, trustees, and key employees	5,000
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	
7 Other salaries and wages	
9 Other employee benefits	
10 Payroll taxes	
11 Fees for services (non-employees):	
a Management	
b Legal	
c Accounting	7,050
d Lobbying	
e Professional fundraising services. See Part IV, line 17	
f Investment management fees 101,910	101,910
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	
12 Advertising and promotion	
13 Office expenses	
14 Information technology	
15 Royalties	
16 Occupancy	
17 Travel	
Payments of travel or entertainment expenses for any federal, state, or local public officials	
19 Conferences, conventions, and meetings .	
20 Interest	
21 Payments to affiliates	1,800,701
22 Depreciation, depletion, and amortization .	
23 Insurance	
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 Real estate taxes 358	358
b	
С	
d	
e All other expenses	
25 Total functional expenses. Add lines 1 through 24e 1,915,019 1	1,915,019
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)	

34

Total liabilities and net assets/fund balances .

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 1 599,939 445,033 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 28,094 4 4 27,391 28,865 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 instructions). Complete Part II of Schedule L. 6 7 7 Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 16,181 10c 187,981 11 Investments—publicly traded securities 10,921,004 11 13,875,165 12 Investments-other securities. See Part IV, line 11 . . . 1,052,293 12 611,837 13 Investments - program-related. See Part IV, line 11 . . . 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 1,835,338 15 566.244 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 14,452,146 16 15,743,219 17 Accounts payable and accrued expenses 17 12,216 9,206 Grants payable 18 18 19 Deferred revenue 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities 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 . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 679,570 25 39,159 26 Total liabilities. Add lines 17 through 25 691,786 26 48,365 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 (197,604) 27 (87,910) 28 28 5,829,595 6,837,344 29 8,128,369 8,945,420 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 33 13,760,360 15,694,854

14,452,146

15,743,219 Form **990** (2013)

Pari	XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI				7
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,549
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,019
3	Revenue less expenses. Subtract line 2 from line 1	3		(133	3,470)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>13,76</u>	0,360
5	Net unrealized gains (losses) on investments	5		1,43	8,110
6	Donated services and use of facilities	6		_	0
7	Investment expenses	7			0
8	Prior period adjustments	8		_	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_ 62	9,854
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		15,69	4,854
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	• •	
			Estimat a la	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain i	n		
0-	2002200		100 mg		
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 com			HARRION V	√
	reviewed on a separate basis, consolidated basis, or both:	piiea c	"		
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		. 2b		沙塘
D	If "Yes," check a box below to indicate whether the financial statements for the year were audit	· ·		√ Gental	34°
	separate basis, consolidated basis, or both:	ou on		443	
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versiat	11	- 4	لسنشك
•	of the audit, review, or compilation of its financial statements and selection of an independent account			./	
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.	·p.u			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	n	A 49-17	Transfer of
	the Single Audit Act and OMB Circular A-133?		. за	ŀ	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ergo th			<u> </u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь		
			Form	990	(2013)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Mote Marine Foundation, Inc 59-2226800 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . 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? ☐ Yes ☐ No 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. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 ☐ Yes ☐ No 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Part	III Organizations Maintaining					
3	Using the organization's acquisition, collection items (check all that apply):	accession, and oth	ner records, chec	k any of the follow	ving that are a sig	nificant use of its
а	☐ Public exhibition		d □ Loan	or exchange prog	rams	
b	☐ Scholarly research		e Other	•		
C	Preservation for future generations	3				
4	Provide a description of the organization XIII.		nd explain how th	hey further the org	ganızation's exemp	ot purpose in Part
5	During the year, did the organization	solicit or receive of	donations of art.	historical treasure	s, or other similar	
	assets to be sold to raise funds rather					☐ Yes ☐ No
Part	V Escrow and Custodial Arra	angements.	•			
	Complete if the organization 990, Part X, line 21.	answered "Yes"	to Form 990, P	art IV, line 9, or	reported an amo	unt on Form
1a	Is the organization an agent, trustee,	, custodian or othe	er intermediary fo	or contributions or	other assets not	
	included on Form 990, Part X?					☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the following to	able:		
				<u></u>	Am	ount
C	Beginning balance					
d	Additions during the year					
e	Distributions during the year					
f	Ending balance					☐ Yes ☐ No
2a h	If "Yes," explain the arrangement in P					
	EV Endowment Funds.	art Am. Check here	sii trie explanation	ii iias been provid	eu III Fait Aiii .	· · · · · ·
	Complete if the organization	answered "Yes"	to Form 990. P	art 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	8,128,369	8,089,935	8,087,452	8,102,360	8,200,408
b	Contributions	187,197	8,817	47,041	300	8,455
c	Net investment earnings, gains, and		· .			
	losses	629,854	29,617	(44,558)	(15,208)	(106,503)
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	8,945,420	8,128,369	8,089,935	8,087,452	8,102,360
2	Provide the estimated percentage of t	the current year en	d balance (line 1g	ı, column (a)) held	as:	
а	Board designated or quasi-endowme	nt ▶	1%			
þ		100%				
С	Temporarily restricted endowment		•••			
0-	The percentages in lines 2a, 2b, and 2			at are held and ac	lunimintared for the	
3a	Are there endowment funds not in th organization by:	e possession or in	e organization th	at are nelu anu ac	iministered for the	Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
ь	If "Yes" to 3a(ii), are the related organ					3b
4	Describe in Part XIII the intended use					
Par						· · · · · · · · · · · · · · · · · · ·
	Complete if the organization		' to Form 990, F	art IV, line 11a.	See Form 990, P	art X, line 10.
	Description of property	(a) Cost or otl (investme			Accumulated epreciation	(d) Book value
1a	Land	.	187,981			187,981
b	Buildings					
С	Leasehold improvements					
d	Equipment					
е	Other					
Total.	Add lines 1a through 1e. (Column (d) i	must equal Form 99	90, Part X, columi	n (B), line 10(c).)	•	187,981

Part VII	Investments-Other Securities	<u> </u>			
	Complete if the organization ans	wered "Yes" to For	m 990, Part IV, line	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	1	(b) Book value		thod of valuation I-of-year market value
(1) Financial	derivatives				<u> </u>
	neld equity interests				
(3) Other					
(7) Real E	state Investment Trusts	•••••	611,837	End of year marke	t value
(B)					_
(C) (D)			 -		
(E)					
(F)	·				
(G)					<u></u>
(H)					
Total. (Column ((b) must equal Form 990, Part X, col (B) line 12) ▶				TO 2 TO BE STORE THE REAL PROPERTY.
Part VIII	Investments—Program Related		·		
	Complete if the organization ans	wered "Yes" to For	m 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		thod of valuation I-of-year market value
<u>(1)</u>				000101011	-
(2)					· ·
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(1) 15 000 D 17 1 (D) 1 (D) 1			. a No. 29 White St. 200 Market at a 202 July	SWANCON, DEADNOOD AND AND ST SMALL FROM AND
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		<u> </u>	■ 新台灣公路等人組織等等。	以在30mm/25mm/25mm/25mm
Partix	Complete if the organization ans	wered "Yes" to For	m 990 Part IV line	a 11d See Form	000 Part V line 15
		a) Description	111 000, 1 411 14, 1111	o i i a. Oce i oiii	(b) Book value
(1) Assets	held in trust				84,239
	t receivable		-/	***	309,056
	receivable				172,949
(4)					
_(5)					
(6)	·····				
(7)		 	· · · · · · · · · · · · · · · · · · ·	 	
(8)					
(9)	ımn (b) must equal Form 990, Part X, c	ol (R) line 15)			500.04
Part X	Other Liabilities. Complete if the organization ans line 25.				566,244 Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal II	ncome taxes		0		
(2) Charital	ble remainder annuity trust payable		39,159		
(3)					
(4)					
(5)					
(6)					
(7)		-			
(9)					
	(b) must equal Form 990, Part X, col. (B) line 25.)	ļ	39,159		
	r uncertain tax positions. In Part XIII, prov	ide the text of the footn	note to the organization	n's financial statem	ents that reports the
organization'	's liability for uncertain tax positions under	r FIN 48 (ASC 740). Che	eck here if the text of t	he footnote has bee	en 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	3,747,603 2,067,964
Total revenue, gains, and other support per audited financial statements	2,067,964
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments	2,067,964
a Net unrealized gains on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.) 2d 629,854 e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1,679,639
	1,079,039
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 101,910	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	101,910
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1,781,549
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	1,813,109
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1,010,100
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	0
3 Subtract line 2e from line 1	1,813,109
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.013.109
a Investment expenses not included on Form 990, Part VIII, line 7b 4a 101,910	1,013,108
b Other (Describe in Part XIII.)	1,013,109
	1,013,108
	_
	101,910
c Add lines 4a and 4b	_
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line upport marine
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line upport marine
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line upport marine
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line upport marine
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line upport marine
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line upport marine
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line upport marine isheries chair,
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line upport marine isheries chair,
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line upport marine isheries chair,
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line upport marine isheries chair,
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line . upport marine isheries chair, und evaluated
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line . upport marine isheries chair, und evaluated
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line . upport marine isheries chair, und evaluated
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line . upport marine isheries chair, und evaluated
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line . upport marine isheries chair, und evaluated
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line . upport marine isheries chair, und evaluated
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line . upport marine isheries chair, und evaluated
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line . upport marine isheries chair, und evaluated
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 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 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 as follows: Grants to Mote Marine Laboratory to sumammal research, scholarships, general research, general operations, Post-doctorate research, Undergraduate research, Ficetotoxicology chair, Shark biology chair, Biomedical research and Dolphin and Whale Hospital. Part X Line 2-Under the income taxes topic of the FASB Accounting Standards Codification, the Foundation has reviewed and the relevant technical merits of each of its tax positions in accordance with accounting principles generally accepted in the I States of America for accounting for uncertainty in income taxes, and determined that there are no uncertain tax positions thave a material impact on the financial statements. Part XI Reconciliation of Revenue per Audited Financial Statements with revenue per Return	101,910 1,915,019 ine 4; Part X, line . upport marine isheries chair, und evaluated
c Add lines 4a and 4b	101,910 1,915,019 ine 4; Part X, line . upport marine isheries chair, und evaluated
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 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 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 as follows: Grants to Mote Marine Laboratory to sumammal research, scholarships, general research, general operations, Post-doctorate research, Undergraduate research, Ficetotoxicology chair, Shark biology chair, Biomedical research and Dolphin and Whale Hospital. Part X Line 2-Under the income taxes topic of the FASB Accounting Standards Codification, the Foundation has reviewed and the relevant technical merits of each of its tax positions in accordance with accounting principles generally accepted in the I States of America for accounting for uncertainty in income taxes, and determined that there are no uncertain tax positions thave a material impact on the financial statements. Part XI Reconciliation of Revenue per Audited Financial Statements with revenue per Return	101,910 1,915,019 ine 4; Part X, line . upport marine isheries chair, und evaluated

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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. ▶ See separate instructions.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

Mote N	Marine Foundation, Inc		59-2226800		
Part	Questions Regarding Compensation				
				Yes	No
та		provided any of the following to or for a person listed it provide any relevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal us			
	Travel for companions	Payments for business use of personal residence	;е	-	
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees	ľ	n)	
	☐ Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
ь		the organization follow a written policy regarding paxpenses described above? If "No," complete Par			
				,	}
	·				
2	directors, trustees, and officers, including the C	for to reimbursing or allowing expenses incurred EO/Executive Director, regarding the items checked	in line		
3	organization's CEO/Executive Director. Check all	ganization used to establish the compensation of the that apply. Do not check any boxes for methods used the CEO/Executive Director, but explain in Part III.			
	✓ Compensation committee	✓ Written employment contract	4	i	1
	☐ Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation commit	ttee		
4	During the year, did any person listed in Form 990 organization or a related organization:	D, Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-contr	rol payment?	48	3	√
b	Participate in, or receive payment from, a suppler	nental nonqualified retirement plan?	4t)	✓
C	Participate in, or receive payment from, an equity	-based compensation arrangement?	40		✓
	If "Yes" to any of lines 4a-c, list the persons and	provide the applicable amounts for each item in Part I	III.		
					ľ
5	Only section 501(c)(3) and 501(c)(4) organization for persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of:				:
а			5a	3	1
b	Any related organization?			-	1
	If "Yes" to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of:	A, line 1a, did the organization pay or accrue any			
а			6a	1	1
b				$\overline{}$	
	If "Yes" to line 6a or 6b, describe in Part III.				
7		on A, line 1a, did the organization provide any no			1
8	Were any amounts reported in Form 990, Part VII	, paid or accrued pursuant to a contract that was sub Regulations section 53.4958-4(a)(3)? If "Yes," do	ject		
				.	/
			<u> </u>		تتوا
9	If "Yes" to line 8, did the organization also for	ollow the rebuttable presumption procedure descr	ibed in		
	Regulations section 53.4958-6(c)?		ا ا		1

Page 2

Schedule J (Form 990) 2013

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

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. Section A. line 1a. applicable column (D) and (E) amounts for that individual.

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 Ta, applicable column (D) and (E) amounts for that moving an individual. (B) Reakdown of W-2 and/or 1090-MISC compensation	or eac	h listed individual mu:	ed Individual must equal the total amount of Form 990 (B) Breakdown of W-2 and/or 1099-MISC compensation	Compensation	art VII, Section A, Ilne	a, applicable colum	n (U) and (E) amound	S IOT TITAL ITIQIVIOUAL.
		(a)			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)+(D)	reported as deferred in prior Form 990
Kumar Mahadevan President/	Ξ	224,517			23,000	12,231	259,748	0
1 CEO ending May 16, 2013	(ii)							
	(1)	217,811			12,110	13,164	243,085	0
Michael P Crosby, President/CEO 2 May 16, 2013 to current			1					
	€							
6	Ξ			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
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8	Ξ							
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6	<u>(ii)</u>							
	(1)							
10	Ξ							
	(1)							
11	(ii)							
	(3)							
12	E							
	(1)							
13	(ii)							
	(1)							
14	(ii)							
	Ξ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
15	E							
	E							
16	E							
							Sch	Schedule J (Form 990) 2013

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

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 Foundation, Inc.

Employer identification number

	larine Foundation, Inc					59-22268	00
Part							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part V	rted on		(d) of determining atribution amounts
1	Art—Works of art	_					
2	Art - Historical treasures						
3	Art—Fractional interests						
4	Books and publications		(本)2012年4月 A A A A A A A A A A A A A A A A A A A				_
5	Clothing and household goods						
6	Cars and other vehicles	✓	1		9.750	Fair market	value
7	Boats and planes				-1		
8	Intellectual property					-	
9	Securities - Publicly traded	1	1		53 281	Fair market	value
10	Securities—Closely held stock .					, an mana	74.40
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous	/	2		0 752	Fair market	value
13	Qualified conservation	 			3,733	r all Illaiket	value
	contribution—Historic	1					
	structures						
14	Qualified conservation						
	contribution—Other						
15	Real estate - Residential						
16	Real estate—Commercial		1		474 000	F-4-4	
17	Real estate—Other	-	<u> </u>		171,800	Estate appra	aisai-riviv
18	Collectibles					-	
19		<u> </u>					
20	Food inventory						
							
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts					ļ	
25	Other ► ()						
26	Other ► (
27	Other ► ()						
28 29	Other ► ()	 hare 45 = ===				 	
29	Number of Forms 8283 received which the organization completed	Dy the or	ganization during the tax y	ear for contribu	itions for		
	which the organization completed	1 FUIII 020	o, Part IV, Donee Acknowled	agement		29	0
	-	_					Yes No
30a	During the year, did the organizat						
	it must hold for at least three year			•	is not req	uired to be	
_	used for exempt purposes for the		ing period?		• • • •		30a ✓
b	If "Yes," describe the arrangement						
31	Does the organization have a	gift accep	stance policy that require	s the review of	of any no	n-standard	
	contributions?						31 ✓
32a	Does the organization hire or us	e third par	ties or related organization	s to solicit, pro	cess, or se	ell noncash	
	contributions?						32a ✓
b	If "Yes," describe in Part II.						
33	If the organization did not report a	n amount ir	o column (c) for a type of pro	perty for which	column (a)	is checked,	
	describe in Part II.						

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Employer identification number

Mote Marine Founation, Inc.	59-2226800
Part VI-Line 11b -The form 990 is prepared by the Chief Financial Officer. Prior to filing, Form 990 is rev	viewed and signed by the President
and then provided to the Board of Trustees.	
Part VI-Line 12c Trustees, officers and key employees are required to disclose annually interests that of	could give rise to conflicts of interest.
A conflict of interest and disclosure statement is distributed at the annual board meeting or other time	s as needed. The statements
are reviewed by the President or CFO and brought to the audit committee if needed for determination.	
PartVI-Line 15b- There is no reportable compensation from this organization for the CEO. The CEO's c	ompensation from a related
organization is determined by the CEO Evaluation/Compensation committee. The committee bases the	eir desicion on compensation data
from comparable institutions and a comprehensive written summary of activities by the CEO. The com-	pensation for the CFO is approved as
part of the annual review which includes comparable data. All deliberation and decisions are contemp	oraneously substantiated.
Part VI-Line 19-The governing documents including articles of incorporation and by-laws, the conflict	of interest policy, the form 990
and the annual audited financial statements are available upon request.	
Part XI- Line 9- Change in value of split interest agreement 629,854	
	•••••

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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.
▶ See separate instructions.

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20**13** Open to Public Inspection

OMB No 1545-0047

Employer identification number 59-2226800

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. ► Information about Schedule Mote Marine Foundation, Inc.

(a) Name, address, and EIN (if applicable) of disregarded entity	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	guillo.
(1) N/A							
(2)							
(6)							
(4)							
(9)							
(9)							
Part II Identification of Related Tax-Exempt Organizations Complete one or more related tax-exempt organizations during the tax year.	I	le organization a	nswered "Yes" on	Form 990, Part	IV, line 34 becau	se it had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13)
						Yes	ટ્ટ
(1) Mote Marine Laboratory, Inc 1600 Ken Thompson Parkway Sarasota, FL 34236 59-0756643	Scientific research	Florida	501(c)3	Line 7			>
(6)							
(4)	:						
(9)							
(9)		:					
(4)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat	Cat No 50135Y		Schedule R (Form 990) 2013	(Form 990) 2013

(i) Section 512(b)(13) controlled entity? (k) Percentage ownership Yes No 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. 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. General or managing partner? Yes No (h) Percentage ownership (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h) Disproportionate allocations? ŝ (f) Share of total income Yes (g) Share of end-of- [C year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
| Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
(Direct controlling entity Primary activity (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization ٦ Part III Part IV (1) N/A (1) N/A € 8 ල € O 9 <u>N</u> 3 9 Ε ପ

Schedule R (Form 990) 2013

Not	Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.					Yes	ž
-	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?	r more related orgar	izations listed in Parts	s II–IV?		_	
G	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	_	>
<u>م</u>					1b	/	
Ü	Gift, grant, or capital contribution from related organization(s)				10		>
•	I come or long a contract to or for related organization(s)				10	_	/
5				· · ·	2 5	+	٠١>
Φ	Loans or loan guarantees by related organization(s)				ש	+	>
						\dagger	١,
-	Dividends from related organization(s)				=		>
0	Sale of assets to related organization(s)				1g	_	>
_	Purchase of assets from related organization(s)	•			1h	_	>
:	Evchange of accete with related organization(e)	•		•	Ę	_	>
	Lactually of assets with related organization (s) is a second second to the second facilities an integral or other assets to related organization(s)				=		>
-	Lease of Jacimies, equipment, of other assets to related organization(s)	•		•			
<u>.</u>	lease of facilities, equipment, or other assets from related organization(s)	•			¥		>
: <u> </u>	Performance of services or membership or fundraising solicitations for related organization(s).				7		>
. E		•	•		£	<u> </u>	Ì
					t L	>	
: (Chairm of maid amplaces with related organization(s)		٠		10	>	
•	Olding of paid eniployees with letated organization(s)	•	•	•			
۵	Reimbursement paid to related organization(s) for expenses				9		>
. 0	Reimbursement baid by related organization(s) for expenses				19	Ė	>
•							1
_	Other transfer of cash or property to related organization(s)				+	_	>
Ø	Other transfer of cash or property from related organization(s)				18		>
7	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.	mplete this line, incli	uding covered relation	iships and transactic	on thres	splous	ایر ا
	(6)	æ	(0)	6			
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	g amount	involve	ی ا
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8							
ල							-
4		;				i	
(2)							
9							
				Schedule R (Form 990) 201	Rorm	990) 2	2

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

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

or gross revenue, that was not a related organization. Get instructions regarding exclusion for calculating the fact of the fa	gainzation. Oct		againing cacina	3	Description of the second		ici si ilbs.	3	5	3	3
(a) Name, address, and EIN of entity	(b) Primary activity	Legal domicile	Predominant	(e) Are all partners		j _o		Disproportionate	ate Code V—UBI		
		(state or toreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?) total income 3) sus?	 e E O	end-or-year assets	allocations	of Schedule K-1 (Form 1065)	managing partner?	g ownersnip
				Yes No	9			Yes No	_	Yes No	Tā
(1) N/A									:		
(2)											
(3)											
(4)											
(5)					i E						
(9)											
ω	1										
(8)											
(6)											
(10)											
(11)											
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(15)					:						
(16)											
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	Form 990) 2013	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
		••
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