

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



OF ACCOUNTING PERIOD CHANGE

| • | Form | , 99 0 | } | Return of Organi | zation Exempt | From Inco | ome Ta | ЭX | OMB No. 1545-0047 |
|---------|--------------------------------|---------------------------------|--------------------------|---|--|---|---|---|------------------------------|
| | FOI | | • | | | | | | 2016 |
| 1. | | | | Under section 501(c), 527, or 4947(a | | | | | |
| • | Depa | urtment of the | Treasury | ► Do not enter social sec | urity numbers on this form | n as it may be r | nade publi | c. | Open to Public |
| | | artment of the nai Revenue S | | ► Information about Form | | is at www.irs.go 16, and ending | ov/form99 | <u>o. </u> | Inspection |
| | <u>A</u> | For the 20 | | MBER 30 | , 20 <u>16</u> | | | | |
| | В | Check if app | licable: C | Name of organization MOTE MARINE I | FOUNDATION, INC | | | D Employer | ridentification number |
| | | Address cha | nge | Doing business as | | | | | 59-2226800 |
| | | Name chang | je | Number and street (or P.O. box if mail is n | ot delivered to street address) | Room/suite | | E Telephone | number |
| | | Initial return | 1 | 00 KEN THOMPSON PARKWAY | | | | | 941-388-4441 |
| | | Final return/te | rminated | City or town, state or province, country, a | nd ZIP or foreign postal code | | İ | | |
| | | Amended re | turn S | ARASOTA, FL 34236 | | | | G Gross rec | eipts \$ 4,877,10 |
| | | Application | pending F | Name and address of principal officer: | MICHAEL P CROSBY, PH. | D. | H(a) Is this a g | roup return for su | bordinates? Yes 🗹 No |
| | | | s | me as C above | | | H(b) Are all | subordinates | included? 🗌 Yes 🔲 No |
| | <u></u> | Tax-exempt | status: | ☑ 501(c)(3) ☐ 501(c) (|) ◀ (insert no.) ☐ 4947(a)(1) | or 🔲 527 |] If "N | o," attach a l | ist. (see Instructions) |
| | <u>J</u> | Website: ▶ | www. | note.org | | | H(c) Group | exemption n | umber ► |
| | K | Form of orga | nization: 🗸 | Corporation Trust Association | Other ► | L Year of formation | ո։ 1982 | M State o | f legal domicile: FL |
| | P | art I | <u>Summa</u> | у | | | | | |
| | | 1 Br | iefly des | cribe the organization's mission o | or most significant activit | ties: Mote Mai | rine Found | ation, Inc i | s a non-profit |
| | 8 | or | ganizatio | operating as a fund-raising arm to | o provide funding for scie | entific, educatio | n and outr | each progr | ams at Mote |
| | Б | | | ratory, Inc. | | | | | |
| | Ver | 2 Ct | neck this | box 🕨 🗌 if the organization disc | ontinued its operations of | or disposed of | more thar | 1 25% of it | s net assets. |
| `~ | Ĝ | | | voting members of the governing | | | | 3 | 1 |
| 18 A 31 | ∞ ∞ | | | independent voting members of | | | | 4 | 1 |
| J | Ę | 5 To | tal num | er of individuals employed in cal | endar year 2016 (Part V, | , line 2a) . | | 5 | |
| 9 | Activities & Governance | | | er of volunteers (estimate if nece | | | | 6 | ··· |
| 1 | ¥ | 7a To | tal unre | ted business revenue from Part | VIII, column (C), line 12 | | | 7a | |
| D D | | b Ne | t unrela | ed business taxable income from | Form 990-T, line 34 . | | <u></u> | 7b | |
| | | | | | | | Prior Y | ear | Current Year |
| | ē | 1 | | ns and grants (Part VIII, line 1h) . | | · • • • <u> </u> _ | | 196,193 | 388,40 |
| | Ē | | - | rvice revenue (Part VIII, line 2g) | | | | 0 | |
| | Revenue | | | income (Part VIII, column (A), line | | | | 758,461 | 292,91 |
| | | | | nue (Part VIII, column (A), lines 5, | | · | | 63,737 | 40,17 |
| | | | | ue—add lines 8 through 11 (must | | 4), line 12) | | 1,018,391 | 721,49 |
| | | 1 | | similar amounts paid (Part IX, co | | • • • • | | | |
| | | | - | id to or for members (Part IX, col | • • | · · <u>- · .</u> : | | 0 | |
| | es | 1 | | ner compensation, employee bene | | nes 5-10) | | 5,500 | |
| | ens | | | al fundraising fees (Part IX, colum | • • | 974 | ericani e e e e e e e e e e e e e e e e e e e | O ATTENDED ATTENDED IN | |
| | Expenses | b To | tal fund | aising expenses (Part IX, column | (D), line 25) ▶ | | | A SALES | |
| | | 17 Ot | ner exp | nses (Part IX, column (A), lines 1 | 1a-11d-11-24e) | <u> </u> | | 1,298,648 | 464,02 |
| | | | | nses. Add lines 13-17 (must equi | | 2 () F | | 1,304,148 | 464,02 |
| | | | evenue i | ss expenses. Subtract line 18 fro | | | -1 | -285,757 | 257,46 |
| | Net Assets or Fund Balances | A T. | | (Dat V 15 10) | AUG 0 7 2017 🖺 | | ginning of Cu | | End of Year |
| | Sset | 20 To | | s (Part X, line 16) | | g | 1/ | 1,831,459 | 15,208,09 |
| | ₹ E | 21 To | | ies (Part X, line 26) } | CONTRACTOR TRACT | ~ : : ├─ | | 362,854 | 33,88 |
| | | | | or fund balances. Subtract line 2 | il/trom line/20 (/_!i) | <u> </u> | | 1,468,605 | 15,174,20 |
| | | | | | | | | | |
| | tru | der penaities e. correct. ar | or perjury ad complet | I declare that I have examined this return, Declaration of preparer their than office | , including accompanying sche er) is based on all information o | edules and stateme of which preparer h | ents, and to t as anv know | he best of m | y knowledge and belief, it i |
| | _ | 1 | | 1111 | 1 m | | | 2 /2 | H17 |
| | Sig | ın 📗 | Signat | re of office | <u> </u> | | | ite / | 4-1 |
| | He | | 17 | | BY, PH. P. | resident | شيره ۲ | " ' ' | 1 ' |
| | . 10 | · | Type | print name and title | Ly, FA.R. | re Si a EFT | . (& | <u></u> | |
| | | | | <u>`</u> | arer's signature | Date | | T | 1 . PTIN |
| | Pa | | | 1.10 | <u> </u> | 53.0 | | Check self-empl |] # [|
| | | eparer | Eimi's == | | | | Ter | | -, |
| | US | e Only | Firm's nar Firm's add | | | | | n's EIN ▶ | |
| | | | 5 80 | 033 F | | | | ne no. | |

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

For Paperwork Reduction Act Notice, see the separate instructions.

Yes No

Form 990 (2016)

Cat. No. 11282Y

| 0.111 00 | ,0 (20.0) | | | | i age 🐱 | | | | | | | | | |
|----------|-----------|---|--|------------------------------------|----------------|--|--|--|--|--|--|--|--|--|
| Part | | atement of Program Service | | | | | | | | | | | | |
| 1 | | | response or note to any line in this F | 'art III | <u> </u> | | | | | | | | | |
| 1 | - | lescribe the organization's miss | ion: lit organization operating as a fund-raisi | na arm to provide funding for said | ntifi a | | | | | | | | | |
| | | | e Marine Laboratory, Inc. | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Did the | organization undertake any sig | nificant program services during the ye | ear which were not listed on the | | | | | | | | | | |
| | | | | | ☐ Yes 🗹 No | | | | | | | | | |
| _ | | describe these new services o | | | | | | | | | | | | |
| 3 | | | ng, or make significant changes in t | | | | | | | | | | | |
| | | | ☐Yes ☑No | | | | | | | | | | | |
| 4 | | describe these changes on Sc | | s three largest program services | as measured by | | | | | | | | | |
| 7 | | 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, | | | | | | | | | | | | |
| | | | for each program service reported. | . . . | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 4a | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | *************************************** | ••••• | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 4b | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | •••••• | ••••• | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | *************************************** | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 4c | (Code: | (Expenses \$ | including grants of \$ |) (Revenue \$ |) | | | | | | | | | |
| | N/A | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | *************************************** | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 4d | Other p | rogram services (Describe in Sc | hedule O.) | | - | | | | | | | | | |
| | (Expens | es\$ oincluding | | \$) | | | | | | | | | | |
| 40 | Total n | ogram service expenses | 0 | | - | | | | | | | | | |

| Part | | | | Page 3 |
|-------|---|-----|----------|-------------|
| 1 (1) | Ondersor of Hoganica Concadios | | 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 | 1 | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | 1 | |
| 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) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | 1 |
| 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 | | 1 |
| 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? If "Yes," complete Schedule D, Part IV | 9 | | 1 |
| 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 | 1 | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | |
| 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 |
| 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? 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 | |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | ✓ | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | ✓ |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | L | 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 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | 1 |
| 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? If "Yes," complete Schedule F, Parts III and IV. | 16 | | 1 |
| 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? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | 1 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | 1 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | V ✓ |

| Form 99 | | | - 1 | Page 4 |
|----------|--|------------|-------|----------|
| Part | Checklist of Required Schedules (continued) | | Yes | No |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | 105 | √ |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20b | | <u> </u> |
| 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 | 21 | | 1 |
| 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 | 22 | | 1 |
| 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 | | | |
| 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 | 23 | | ✓ ✓ |
| b | through 24d and complete Schedule K. If "No," go to line 25a | 24a 24b | | √ |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | 1 |
| 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), 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 | 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 "Yes," complete Schedule L, Part II | 26 | | 1 |
| 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 | | 1 |
| 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 b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | √ |
| 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 | 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 | 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 | Ť |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 35b | | 1 |
| 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? <i>If "Yes," complete Schedule R,</i> | 33 | | - |
| 38 | Part VI | 37 | 1 | 1 |
| | | | n 990 | (2016) |

| Part ' | Statements Regarding Other IRS Filings and Tax Compliance | | | |
|--------|--|------------|--|--|
| | Check if Schedule O contains a response or note to any line in this Part V | <u>.</u> . | • | |
| | | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | 200 | |
| _ | reportable gaming (gambling) winnings to prize winners? | 1c | 1933 - B ma | 100.50 |
| 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 0 | | | 1 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | - | 100000 |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | 100 |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | 1 |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | ļ | V |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 1 | İ | 1 |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | 1, |
| | account)? | 4a | 3272272132 | ACC SH |
| b | If "Yes," enter the name of the foreign country: | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| _ | (FBAR). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | <u> </u> | \ <u> </u> |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | <u> </u> | 1 |
| | 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 | | | ١, |
| h | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | ✓ |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | ١, |
| ~ | gifts were not tax deductible? | 6b | 275%57 | 191961 |
| 7 | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| а | and services provided to the payor? | 70 | 27.65 | |
| h | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7a 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | / D | ├ | ├ |
| · | required to file Form 8282? | 7c | | , |
| d | If "Yes," Indicate the number of Forms 8282 filed during the year | | DESCRIPTION OF THE PERSON OF T | 95323 |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | 100 M | ₩ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | \ <u>\</u> |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | ├ | V |
| 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. Did a donor advised fund maintained by the | | | 200 |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | 40.50 | 200 |
| 9 | Sponsoring organizations maintaining donor advised funds. | | 37.7 | ne sa |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | 555,855 | 5.30.0 |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | ┢ |
| 10 | Section 501(c)(7) organizations. Enter: | | 1377 | S 35 |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | 機器 | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | -consensus | 1 2 4 2 2 1 |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 90 S | 288 | 460 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | 1 |
| | Note. See the instructions for additional information the organization must report on Schedule O. | 验品 | 300 | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | 1888 | | |

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

| Part \ | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, 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 | ee ins | tructi | ons. | | | | |
|---------|--|----------------|-------------|----------|--|--|--|--|
| Section | on A. Governing Body and Management | ··· | <u> </u> | بنا | | | | |
| | | | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 15 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 | b Enter the number of voting members included in line 1a, above, who are independent . 1b 14 | | | | | | | |
| 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 | | | | | | | | |
| 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 | | ✓ | | | | |
| 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 one or more members of the governing body? | 7a | | 1 | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | 1 | | | | |
| 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 | 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 | | | | | | | |
| Section | on B. Policies (This Section B requests information about policies not required by the Internal Reven | 9 ue C | ode.) | | | | | |
| - | | | 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? | 10b | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | ✓ | | | | | |
| b | 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 | 12a | √ | ļ | | | | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. | 12b | V | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 12c | V | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | <u>/</u> | | | | | |
| 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 | <u> </u> | Been all | | | | |
| b | Other officers or key employees of the organization | 15b | 1 | | | | | |
| 16a | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | | | | |
| L | with a taxable entity during the year? | 16a | September 1 | √ | | | | |
| b | 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? | 16b | | | | | | |
| Section | on 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 available for public inspection. Indicate how you made these available. Check all that apply. | 1 501(| c)(3)s | only) | | | | |
| | 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 financial statements available to the public during the tax year. | erest (| policy | , and | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | cords | . | | | | | |
| | Dena Smith, 1600 Ken Thompson Parkway, Sarasota, Fl 34236, 941-388-4441 | | | | | | | |

| _ | ٠, |
|---|----|
| | |
| | |

| ٠ | Form | 200 | 1201 | c١ |
|---|------|-----|------|----|
| | | | | |

| | · | |
|--------|---|-------|
| Part V | 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 employees."
- 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 | | d org | aniz | atio | n c | ompe | nsa | ited any curren | t officer, director | , or trustee. |
|---|---|--|-----------------------|---------|--------------|-------------------------------|-----------|---------------------------------------|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for | (C) Position (do not check more than one box, unless person is both a officer and a director/trustee | | | | than o is both or/trust | one an | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated |
| · · | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) Eugene Beckstein | .25 | 1 | | | | | | | | |
| (2) Arthur Armitage | .25 | 1 | | | | | | | | |
| (3) Howard Crowell, Treasurer | .25 | 1 | | 1 | | | | | | |
| (4) Kirk Malcolm, Chairman | .25 | 1 | | 1 | | | | | | |
| (5) Judy Graham | .25 | 1 | | | | | | | | |
| (6) Howard Seider, Jr | .25 | 1 | | | | | | | | |
| (7) Alan Rose | .25 | 1 | | | | | | | | |
| (8) Scott Collins | .25 | 1 | | | | | | • | | |
| (9) David Dickson | .25 | 1 | | | | | <u> </u> | | h | |
| (10) Don Featherman | .25 | 1 | | | | | | | | |
| (11) Trudo Letschert, Vice Chairman | .25 | 1 | | 1 | | | | | | |
| (12) Jean Martin | .25 | 1 | | | | | | | | |
| (13) Rande Ridenour | .25 | 1 | | | | | | | | |
| (14) G. Lowe Morrison | .25 | / | | | | | | | | |

| | Section A. Officers, Directors, Trust (A) | (B) | | | (e Pos | C) ition | than c | | (D) | (E) | | (F) |
|------------|--|--|--------|-----------------------|---------------|----------------|------------------------------|-------------|--|-------------------------------------|----------|--|
| | Name and title | Average hours per week (list any | box, | unles er and | s pe d a d | rson lirect | is both or/trust | an ee) | Reportable compensation from | Reportab compensatior related | n from | 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) | organizatio (W-2/1099-N | | compensation from the organization and related organizations |
| (15) M | chael P Crosby, President | .25 | 1 | | 1 | | | | | | | |
| (16) De | ena Smith | 5 | | | , | | | | | | | |
| (17) | | | | | Ť | | | | | | | |
| (18) | | | | | - | | | | | | | |
| (19) | | ļ | | | | <u> </u> | | ┢ | | | - | |
| (20) | | | | | | | | | | | | |
| (21) | | | _ | | - | | | | | | + | ·· |
| (22) | | | - | | | | | | | | | |
| (23) | | | | | | - | | - | | | | ······ |
| | | | | | _ | | - | | | | | |
| (25) | | | | _ | | - | | \vdash | | | | |
| | Sub-total | | | | | | | > | | | | |
| | Total from continuation sheets to Part Total (add lines 1b and 1c) | _ | | | | | | ▶ | | | | |
| : 2 | Total number of individuals (including bu reportable compensation from the organ | t not limited | | | | | | e) w | no received m | ore than \$1 | 00,000 | of |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete | ficer, direc Schedule J | tor, o | or tr uch | ust ind | ee, ivid | key e ual | emp | oloyee, or high | nest compe | nsated | Yes No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | | | | | | | | | | | |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | | | | | | | | | zation or inc | dividual | |
| Section | on B. Independent Contractors | | | | | | | | | | | |
| , 1 | Complete this table for your five highest compensation from the organization. Reyear. | | | | | | | | | | | |
| 7. | (A) Name and business add | iress | | | | | | | (B) Description of s | ervices | (| (C) Compensation |
| N/A | | | | | | | | _ | | | | |
| | | | | | | | | | | | | |
| | Total number of independent contractor | re (includia | na h | ıt n | ot. | lice | od to | | nosa listed sh | ovo) who | SIZMA | STATE AND THE AREA |
| _ | received more than \$100,000 of compens | | | | | | | , II | ose listed ad 0 | ovej wilo | | |

| Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | | | | |
|---|---------------|---|-----------------------|------------------------------------|--|--|--|--|--|--|
| Property. | 10000000 | Check if Schedule O | contains a res | ponse or note to | | | | · · · · <u> </u> | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | | |
| N N | 1a | Federated campaigns | 1a | ierikszak addalesz T | E STREET | Tevenue | | 512-514 | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | | 1b | | | 7.0 | | | | |
| عَ قَ | C | Fundraising events . | | | | 442 | | | | |
| iffs ar A | d | Related organizations | | | | | | | | |
| S, E | e | Government grants (con | | | | | | | | |
| is is | f | All other contributions, gi | | | | | | | | |
| the sta | | and similar amounts not inc | | 388,402 | | | | | | |
| 돌임 | g | Noncash contributions includ | led in lines 1a-1f:\$ | <u> </u> | | | | | | |
| ဒီ မ် | h | Total. Add lines 1a-1 | f | > | 388,402 | | | | | |
| ILE | | | | Business Code | | | | | | |
| ver | 2a | | | | | | | | | |
| 8 | b | | | | | | | | | |
| Ş. | С | | | ,, | | | | | | |
| Ser | d | | | | | | | | | |
| ШЩ | е | | | | | | | | | |
| Program Service Revenue | f | All other program serv | | L | | Die di control de control de control | Maradon ebrid. Historianian | a a filler i hanc grin de la lannocció de l'Assenande en ci e a l'asse d'ins | | |
| | <u>g</u> 3 | Total. Add lines 2a-2 | | | | | | l | | |
| | 3 | Investment income and other similar amo | | enas, interest, | | | | | | |
| | | Income from investment | - | | 196,604 | | | | | |
| | 4 5 | | • | • | | | | | | |
| | ١ | noyalles | (i) Real | (ii) Personal | BOHT WAR | | 2000 200 100 100 100 100 100 100 100 100 | | | |
| | 6a | Gross rents | 40,173 | <u> </u> | | | | | | |
| | b | Less: rental expenses | 40,173 | | | Property of | | | | |
| | c | Rental income or (loss) | 40,173 | | | | 100 | | | |
| | d | Net rental income or (| | • | 40,173 | The state of the s | 210 20-20-20-20-20-20-20-20-20-20-20-20-20-2 | | | |
| | 7a | Gross amount from sales of | (i) Securities | (ii) Other | | | | Reserved to the second | | |
| | | assets other than inventory | 4,251,925 | | | 1.12 | | | | |
| | b | Less: cost or other basis | ., | | | | | | | |
| | | and sales expenses . | 4,155,612 | | | | | | | |
| | С | Gain or (loss) | 96,313 | | | | | | | |
| | d | Net gain or (loss) . | | ▶ | 96,313 | | | | | |
| nue | 8a | Gross income from fu | ındraising | | | | | | | |
| Other Revel | | events (not including \$ of contributions reporte | ed on line 1c). | | | | | | | |
| ē | | See Part IV, line 18 . | a | | | | | | | |
| 돌 | b | Less: direct expenses | s b | | | | | | | |
| | С | Net income or (loss) for | | events . > | | | | | | |
| | 9a | | - | } | | | | | | |
| | ĺ | | \cdots a | | | | 200 | | | |
| | b | Less: direct expenses | | | | | | | | |
| | C | Net income or (loss) for | | ivities 🕨 | | | | | | |
| | 10a | Gross sales of in | • • | | | | | | | |
| | | returns and allowance | - | | | | | | | |
| | b | Less: cost of goods s | | | | | | | | |
| | <u> </u> | Net income or (loss) f | | | ti walio yang sayah ang malayan ang atau | Openius and the least of the second of the s | Description and an artist of the second | AND CAMPINE AND MA AND ADVISOR OF THE PARTY. | | |
| | | Miscellaneous R | evenue | Business Code | | W 180 | | | | |
| | 11a | | | | | | | | | |
| | b | | | | | <u> </u> | | | | |
| | C | All _1b | | - | | | | | | |
| | d | | | | | | STATES STATES STATES | | | |
| | 1 e | Total Add lines 11a- | | | <u> </u> | | | | | |

| Part IX | Statement of Fur | nctional Expenses |
|---------|------------------|-------------------|
|---------|------------------|-------------------|

| | X 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 respon | | | <u> </u> | <u></u> |
| Do not 8b, 9b, | include amounts reported on lines 6b, 7b, 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 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | | | | |
| 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 8 | Other salaries and wages | | | | |
| _ 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| _11 | Fees for services (non-employees): | | | | |
| a | Management | | | | - |
| b | Legal | 7.005 | | 7.005 | |
| c d | Accounting | 7,825 | | 7,825 | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 73,302 | 1-10-10-10-10-10-10-10-10-10-10-10-10-10 | 73,302 | |
| 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 16 | Royalties | | | | |
| 16 17 | Occupancy | | | | |
| 18 | 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 | 382,827 | | 382,827 | |
| 22 23 | Depreciation, depletion, and amortization . Insurance | | | | |
| 24 | Other expenses. Itemize expenses not covered | | | | es situative de |
| 24 | 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.) | | | | |
| а | Annual fee | 70 | | 70 | |
| b | | | | | |
| C | | | | | |
| d | All other expanses | | | | <u> </u> |
| е 25 | All other expenses Total functional expenses. Add lines 1 through 24e | 404.004 | | 404.004 | |
| 26 | Joint costs. Complete this line only if the | 464,024 | | 464,024 | - |
| | 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) | | | 1 | |

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year Cash—non-interest-bearing 1 550,143 732,969 2 Savings and temporary cash investments 2 3 3 590,000 329,000 4 4 21,553 20,586 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 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 187,981 10b Less: accumulated depreciation 187,981 100 187,981 Investments—publicly traded securities . . . 11 12,776,375 11 13,537,702 12 Investments-other securities. See Part IV, line 11 . 503,752 12 221,625 13 Investments—program-related. See Part IV. line 11... 13 14 14 15 15 201,655 178,230 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 14,831,459 15,208,093 Accounts payable and accrued expenses 17 17 327,010 Grants payable 18 18 19 19 20 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, 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 Unsecured notes and loans payable to unrelated third parties . . . 24 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 35,844 33,643 Total liabilities. Add lines 17 through 25 . . 26 362,854 26 33,884 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 (139,751) 27 (53,891)Temporarily restricted net assets 28 28 4,854,275 5,335,221 29 9,892,879 9,754,081 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 14,468,605 15,174,209 Total liabilities and net assets/fund balances

15,208,093

34

14,831,459

| rm 99 | 90 (2016) | | | Pag | ge 12 |
|-------|---|-------------|-----------|-------------|--------------|
| Part | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | \checkmark |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 72 | 1,492 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 46 | 4,024 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 25 | 7,468 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 14,46 | 8,605 |
| 5 | Net unrealized gains (losses) on investments | 5 | | 69 | 7,740 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | | 8 | | | |
| 9 | | 9 | | (249 | ,604) |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | | 10 | | 15,17 | 4,209 |
| art | XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u> </u> | • • | • ; | V |
| _ | | | Comp 1995 | 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," expl Schedule O. | ain in | | | |
| Δ | | | | | |
| 2a | | | 2a | Sakare h | √ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compil reviewed on a separate basis, consolidated basis, or both: | ea or | 3.3 | | |
| | • | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 333 | 医 度 | 200 |
| D | Were the organization's financial statements audited by an independent accountant? | | 2b | √ | 504475A |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both: | on a | | | |
| | | | | | |
| c | ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove | reight | 173.15 | - C. C. C. | 31.25 |
| C | of the audit, review, or compilation of its financial statements and selection of an independent account | | 2c | , | |
| | If the organization changed either its oversight process or selection process during the tax year, expl | | 15 E | V 989/70 | 2775 |
| | Schedule O. | | | | |
| За | | orth in | (#E#A) | 91:243E | |
| Ju | the Single Audit Act and OMB Circular A-133? | | 3a | | 1 |
| b | | o the | | - | |
| ~ | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit | | 3b | | |

Form **990** (2016)

SCHEDULE A (Form 990 or 990-EZ)

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.

20**16**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number MOTE MARINE FOUNDATION, INC 59-2226800 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) R ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33½% 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 33½% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No Mote Marine Laboratory, Inc 59-0756643 382,827 (B) (C) (D) (E) 的复数直接的重要的 医多克氏管

| Part | Support Schedule for Organiza | ations Descr | ibed in Secti | ions 170(b)(1 |)(A)(iv) and 1 | 70(b)(1)(A)(vi |) |
|-------|--|---|---------------------------------------|--|---|--|--------------|
| | (Complete only if you checked the | he box on line | 5, 7, or 8 of | Part I or if the | e organizatio | n failed to qua | alify under |
| | Part III. If the organization fails to | o qualify unde | er the tests lis | sted below, p | lease comple | te Part III.) | |
| Secti | on A. Public Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1 | | | | | |
| 2 | Tax revenues levied for the | | | | | | |
| _ | organization's benefit and either paid | 1 | | | | | |
| | to or expended on its behalf | 1 | | 1 | | | |
| 3 | The value of services or facilities | | | · · · · · · · · · · · · · · · · · · · | | | |
| J | furnished by a governmental unit to the | | | | | | |
| | organization without charge | } | | } | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 4 | | 408.70 x3000 | KO GORAGO JAK | 12-16g - 15g - 東京宝 | 10200 x - 3 1 6 3 2 | 1407 Takatawa 1465~ | |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a | 10,12,500,100,00 | | | | | |
| | governmental unit or publicly | | | 3,1 | | | |
| | supported organization) included on | 1 . " " | | Y - \$ 273 17 | | 1 2 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | line 1 that exceeds 2% of the amount | | 2 San 1863 | 3 5 3 7 7 | 1 | | |
| | shown on line 11, column (f) | 7 7 - 4C | | Control of the Contro | Examples Automore | Size of the size o | |
| 6 | Public support. Subtract line 5 from line 4 | 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 402,575 5.3 | 1. 18 18 18 18 A. | 7 45 E T | | |
| | on B. Total Support | T | · · · · · · · · · · · · · · · · · · · | 1 | | | |
| | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, | | | Į | | [| |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | i | | |
| | sources | | | | | | |
| 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.) | 1 | | 1 | | } | |
| 11 | Total support. Add lines 7 through 10 | NEW TO SERVICE | Chicago L | 14 37 39 | 17 ME 1 | (1) 1 ES 2 E | |
| 12 | Gross receipts from related activities, etc | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the | | n's first, secon | d, third, fourth | i, or fifth tax y | ear as a sectio | n 501(c)(3) |
| | organization, check this box and stop he | | | | | | ▶ 🛚 |
| Secti | on C. Computation of Public Suppo | rt Percentag | е | | | | |
| 14 | Public support percentage for 2016 (line | 6, column (f) di | ivided by line 1 | 1, column (f)) | | 14 | % |
| 15 | Public support percentage from 2015 Sc | | | | | 15 | % |
| 16a | 331/3% support test-2016. If the organ | | | | | | |
| | box and stop here. The organization qua | alifies as a publ | icly supported | organization | | | ▶ 🗆 |
| b | 331/3% support test-2015. If the organ | ization did not | check a box of | on line 13 or 16 | a, and line 15 | is 331/3% or m | ore, check |
| | this box and stop here. The organization | qualifies as a | publicly suppo | orted organizat | ion | | ▶ 🗆 |
| 17a | 10%-facts-and-circumstances test-2 | 016. If the ora | anization did n | ot check a bo | x on line 13. 1 | 6a. or 16b. and | d line 14 is |
| | 10% or more, and if the organization m | | | | | | |
| | Part VI how the organization meets the | | | | | | |
| | organization | | | • | • | | · · ► □ |
| L | • | | | | | | _ |
| b | 10%-facts-and-circumstances test—2 | | | | | | |
| | 15 is 10% or more, and if the organization is Explain in Part VI how the organization is | | | | | | |
| | supported organization | | | | | | |
| 40 | Private foundation. If the organization d | | | | | | |
| 18 | instructions | ы посспеска | DOX OH line 13 | , 10a, 10D, 17a | a, or 17D, chec | k this dox and | see ▶ |

| . | • • • • • • • • • • • • • • • • • • • | | | | | | |
|----------|--|----------------|-------------------|---|-----------------|---------------|--------------|
| Part | le A (Form 990 or 990-EZ) 2016 Support Schedule for Organiza | ations Descr | ibed in Secti | on 509(a)(2) | | | Page 3 |
| | (Complete only if you checked th | | | | nization failed | to qualify un | der Part II. |
| | If the organization fails to qualify | under the te | sts listed belo | ow, please co | mplete Part I | l.) | |
| | on A. Public Support | | ς | | | | |
| | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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 7a | Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons . | | | | | | |
| þ | 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.) | | | | | | |
| Secti | on B. Total Support | | مارتيء عائد سيراد | agramation of the contraction of | 8 - 42 14 - 4 1 | . 40 E 1025 | |
| | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 9 | Amounts from line 6 | (4) 2012 | (5) 2010 | (6) 2014 | (4) 2010 | (0) 2010 | (i) iotai |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | | | | | | |
| d | 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 | | | | | | |
| C - +: | organization, check this box and stop he | | | · · · · · | · · · · · | · · · · · | 🏲 📙 |
| | on C. Computation of Public Suppor Public support percentage for 2016 (line 8 | | | 2 polymon (6) | | 45 | |
| 15 16 | Public support percentage for 2016 (line of Public support percentage from 2015 Sch | | | | | 15 | % |
| 16 | and D. Commutation of Investment In | nedule A, Fall | , iii.e 15 . | <u>· · · · · · · · · · · · · · · · · · · </u> | | 16 | % |

Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) . . . % Investment income percentage from 2015 Schedule A, Part III, line 17 18 % 331/3% support tests-2016. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 19a 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . 331/3% support tests-2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2016

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

| | | _ | | | | _ | | _ |
|-----|------------|------|-------------|-------|-------|----|----------|---|
| งทร | rganizatio | ı Or | pportina | ı Sub | . All | Α. | ection | S |
| | I gainzant | , | אווווו זטטט | ı Oup | | ~. | -CLIOI 1 | • |

| ecti | on A. All Supporting Organizations | | | |
|------|--|-----------------------|---------------------------------------|---|
| 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. | 1 | Yes | No |
| 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). | 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. | 3a | -Bak | |
| 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. | 3b | P. Wild P. Wild | |
| С | 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. | 3c | . ; | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | 7 |
| 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. | 4b | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| С | 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. | 4c | | 1255 1461 1461 |
| 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). | 5a | | |
| 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? | 5b | dr's | 22 Tonu And |
| 6 | Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 5c | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | (1.5)" (1.5)" 7 | | |
| 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 or 990-EZ). | 8 | مُرْدُدُ لِلْدُهُ | d(1) 1 |
| 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 . | 9a | 5 125, 3 25 126, 3 28 126, | (() () () () () () () () () (|
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | 46.55 | والمرادة المرادة |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9c | 1946 | , <u>)</u> 11 |
| I0a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. | 10a | - 5-2 4 5 (| 1 |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | 1.77.2 | 3.5 | 35 35 |

determine whether the organization had excess business holdings.)

10b

| Part | N Supporting Organizations (continued) | | | - aye o |
|---------|---|---------------------------------------|--|---|
| 4.4 | | <u> </u> | Yes | No |
| 11 a | Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | 1 | |
| _ | below, the governing body of a supported organization? | 11a | L | |
| b | A family member of a person described in (a) above? | 11b | | 1 |
| 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. | 11c | | 1 |
| Secti | on B. Type I Supporting Organizations | | | |
| 1 | Did the directors trustees or membership of one or more supported executives have the results | | Yes | No |
| • | 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 | 4(1E,, | ه آن پهلوالۍ | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | 13.75 | | 1,23 |
| | controlled the organization's activities. If the organization had more than one supported organization, | 360 | 14 7 34 15 16 8 | |
| | 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. | 3 | ه استان از مانسور دروه هند وحدود | |
| _ | | 1 | 1 | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | 1.20 V | 1.55 p. 15 |
| | 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, | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 3.3 · |
| | supervised, or controlled the supporting organization. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | والمسائدة | 2 3 1 |
| Secti | on C. Type II Supporting Organizations | ·_ - | | <u> </u> |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | 4 ' ' |
| | 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 | : : | > 4. | , 3 ¹ |
| | the supported organization(s). | | 127 | 1,13 |
| Secti | on D. All Type III Supporting Organizations | 1 | | <u> </u> |
| | 71 | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | - Co. 14 | | 50-7- |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | 130 | y. | 4/3 h |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | 57.20 | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | 1 | · James 1 | 11 |
| _ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | ~ | ه کرد تا میراند تا میراند | 1, 4, |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 182.š | م سرایلند ه | + Tars¥2 |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | 130 | 3 S | × 1. |
| | 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 | 100 | 835 | |
| | supported organizations played in this regard. | 4 | | 1755 |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see | · | -4: | |
| ' a | The organization satisfied the Activities Test. Complete line 2 below. | nstrut | cuon | s). |
| a b | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| see ins | struct | ions) |
| 2 | | 1 | | |
| 2 | Activities Test. Answer (a) and (b) below. | F. 1 | Yes | No |
| а | 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 | L. Faig | 142. | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | 3.5 | ٚٷ؞؞ڐ ڔڵۿڰٚ؞ڗڒؠ | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 100 | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | 1 20 | المالية تعاركم فيورد عامده | (3) 5 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | 17.24 | ر چيار ه ^ا | - |
| | reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 140.00 | | J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | 2b | | , 23 PM |
| а | 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. | 3a | أنطشب | المسلمة الم |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 25 | <u> </u> | , <u> </u> |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | an | izations | |
|--|----------------|--|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | ns 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): | 25 | 的经济家民族 全美国不论 | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | <u> </u> |
| 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 | The state of the s | |
| 2 Enter 85% of line 1. | 2 | Mary College Street College | |
| 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 | ARTICLE THE STATE OF THE | |
| 5 Income tax imposed in prior year | 5 | · 大学家的 | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | ļ - | The same of the sa | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionall instructions). | y in | tegrated Type III supporting | organization (see |

| Part | V Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organ | izations (continued) | | | | |
|-------------|--|--|--|--|--|--|--|
| Sect | ection D - Distributions | | | | | | |
| 1_ | Amounts paid to supported organizations to accomplish | | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exe | | | | | | |
| | organizations, in excess of income from activity | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | anizations | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | <u> </u> | | | | |
| 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 | th the organization is re | sponsive | | | | |
| | (provide details in Part VI). See instructions. | o. gaa.ioii io io | sponorro | | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | - | | | |
| | | | (ii) | (iii) | | | |
| S | ection E - Distribution Allocations (see instructions) | (i) | Underdistributions | Distributable | | | |
| | • | Excess Distributions | Pre-2016 | Amount for 2016 | | | |
| 1 | Distributable amount for 2016 from Section C, line 6 | and the state of the state of | 197 . 21 (m. 7, 3 m., a | | | | |
| | Underdistributions, if any, for years prior to 2016 | 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | | L. C. 2. 58. 5 4 25. 6 4. | | | |
| 2 | (reasonable cause required—explain in Part VI). See | | | | | | |
| _ | instructions. | | | 門外 医乳酸镁铁 | | | |
| 3 | Excess distributions carryover, if any, to 2016: | 高的 10 X 10 3 10 10 10 10 10 10 10 10 10 10 10 10 10 | 1. 18 1 - 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | to the state of th | | | |
| a | The state of the s | | The state of the s | | | | |
| b | | The state of the s | The state of the second | Street to be there as when I have a | | | |
| C | From 2013 | (| | | | | |
| d | From 2014 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | |
| | From 2015 | | | | | | |
| f | Total of lines 3a through e | 1. 14. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | 10年1月1日 | | | |
| | Applied to underdistributions of prior years | 4 C. C. V. | Stateria () Italia | 2 1 3/15/ Cd - Off 1 | | | |
| g h | Applied to 2016 distributions of prior years Applied to 2016 distributable amount | · 在上 是 建筑 | 33 4 5 5 C (1981) 1 (1981) 1 (1981) | | | | |
| <u>''</u> _ | | 1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | 1993年华世界安全 | | | | |
| | Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. | 是各类的。性素的原 | Com Mark to a transfer to a | | | | |
| | | الم الم دروع الم الم | ANTIBETON OFFICE OF THE STATE O | 1943年 第二次百百 | | | |
| 4 | Distributions for 2016 from Section D, line 7: | | (2.25) Some and (1.27) | | | | |
| | · · · · · · · · · · · · · · · · · · · | The state of the s | ब्रिक्षितिक स्ट्रीस्ट्रिस्ट्रिस्ट्रिस्ट्रेस् | | | | |
| a | | | -21 - 1 - 722 - 12 - 12 - 12 | | | | |
| | Applied to 2016 distributable amount | 公共位 的现在分词 | | ET | | | |
| | Remainder. Subtract lines 4a and 4b from 4. | | Prince Englisher | | | | |
| 5 | Remaining underdistributions for years prior to 2016, if | 总会经济的的 | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | 学校学校建设订货 管 | | | | | |
| | greater than zero, explain in Part VI. See instructions. | the mist be with the second | | राष्ट्रीताचा हो हो हो विसान | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h | | 医第二百烷基基层 | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | | |
| | Part VI. See instructions. | | | | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | STATE OF THE WAR AND AND AND AND AND AND AND AND AND AND | With the second second | | | |
| | and 4c. | | | 128 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| 8 | Breakdown of line 7: | | | | | | |
| а | 的复数的 法未经验的 经企业的 计正常分析 | 同口於是处理的實際 | 「新年」の数をはいい。 では、これがのできる。 | 4-1-436, 123, 530 (1) | | | |
| b | Excess from 2013 | A SECTION OF THE | 医二甲二甲烷 经股份 | 一个一一一个人 | | | |
| С | Excess from 2014 | A STATE OF THE STATE OF THE STATE OF | Salah Bara Walant | (4年)是海绵绿绿绿绿 | | | |
| d | Excess from 2015 | | が成れている。 | the state of the s | | | |
| е | Excess from 2016 | The state of the s | 大学をおいては ないままる | 1、1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | | |
| | | | | | | | |

| Schedule A (F | orm 990 or 990-EZ) 2016 Page 8 |
|---------------|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

· SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

Open to Public Inspection

| Name of | the organization | | Employer identification number |
|---------|--|--|---|
| | MARINE FOUNDATION, INC | | 59-2226800 |
| Parl | | | |
| | Complete if the organization answered | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | ļ |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | ļ | <u> </u> |
| 4 | Aggregate value at end of year | | |
| 5 | funds are the organization's property, subject to the | | |
| 6 | Did the organization inform all grantees, donors, a | _ | |
| 0 | only for charitable purposes and not for the bene | | |
| | conferring impermissible private benefit? | | |
| Part | | | · · · · · · · · · · · · · · · · · · · |
| | Complete if the organization answered | "Yes" on Form 990. Part IV. line 7. | |
| 1 | Purpose(s) of conservation easements held by the | | |
| | Preservation of land for public use (e.g., recrea | | f a historically important land area |
| | ☐ Protection of natural habitat | <u>•</u> | f a certified historic structure |
| | ☐ Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization h | eld a qualified conservation contribution | |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easemen | | |
| C | Number of conservation easements on a certified | | |
| d | Number of conservation easements included in | | I I |
| _ | historic structure listed in the National Register . | | · · 2d |
| 3 | Number of conservation easements modified, tran | sferred, released, extinguished, or ter | minated by the organization during the |
| _ | tax year ► | | |
| 4 | Number of states where property subject to conse | | anastion bandling of |
| 5 | Does the organization have a written policy re violations, and enforcement of the conservation ea | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | | |
| • | L | and the control of th | conservation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting | ng handling of violations, and enforcing | conservation easements during the year |
| • | ▶ \$ | ng, manaming or moraliono, and otheroming | concontanon outcomand during the your |
| 8 | Does each conservation easement reported on line | 2(d) above satisfy the requirements of | f section 170(h)(4)(B)(i) |
| | | | · · · · · · · · · · Yes · No |
| 9 | In Part XIII, describe how the organization reports | conservation easements in its revenue | and expense statement, and |
| | balance sheet, and include, if applicable, the text | | |
| | organization's accounting for conservation easem | ents. | |
| Part | | | |
| | Complete if the organization answered | | |
| 1a | If the organization elected, as permitted under SF | | |
| | works of art, historical treasures, or other simila | | |
| _ | public service, provide, in Part XIII, the text of the | | |
| b | If the organization elected, as permitted under S | SFAS 116 (ASC 958), to report in its | revenue statement and balance sheet |
| | works of art, historical treasures, or other simila public service, provide the following amounts relat | | ducation, or research in furtherance of |
| | | | . • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | · · · · • • • • • • • • • • • • • • • • |
| 9 | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art following amounts required to be reported under 5 | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | |
| b | Assets included in Form 990, Part X | | • • • • |
| | | | <u> ψ</u> |

| | • | | | | | |
|-----------|--|---------------------|---------------------|--------------------|----------------------|---------------------|
| | le D (Form 990) 2016 | Collections of A | ut Historiaal T | rocouron or O | hor Similar Ass | Page 2 |
| Part 3 | Using the organizations Maintaining Using the organization's acquisition, a collection items (check all that apply): | | | | | |
| a b | ☐ Public exhibition☐ Scholarly research | | | or exchange prog | rams | |
| C | ☐ Preservation for future generations | | | | | |
| 4 | Provide a description of the organizat XIII. | | · | | | |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | ☐ Yes ☐ No |
| Part | | | | | | |
| | Complete if the organization 990, Part X, line 21. | | | | | |
| 1a | Is the organization an agent, trustee, included on Form 990, Part X? | | | | | ☐ Yes ☐ No |
| b | If "Yes," explain the arrangement in Pa | art XIII and comple | te the following ta | able: | | |
| | | | | | Am | ount |
| C | Beginning balance | | | | | |
| d | Additions during the year | | | | | · |
| е | Distributions during the year | | | | | |
| f | Ending balance | | | | | |
| 2a b | Did the organization include an amount ff "Yes," explain the arrangement in Pa | | | | | |
| | t V Endowment Funds. Complete if the organization | | | | | |
| | Complete it the organization | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| 1a | Beginning of year balance | 9,754,081 | 9,560,209 | 8,945,420 | 8,128,369 | 8,089,935 |
| b | Contributions | 138,402 | 196,193 | 621,449 | 187,197 | 8,817 |
| C | Net investment earnings, gains, and losses | 396 | (2,321) | (6,660) | 629,854 | 29,617 |
| d | Grants or scholarships | | | | | |
| е | Other expenditures for facilities and programs | | | | | |
| f | Administrative expenses | | | | | |
| g | End of year balance | 9,892,879 | 9,754,081 | 9,560,209 | 8,945,420 | 8,128,369 |
| 2 | Provide the estimated percentage of t | he current year en | d balance (line 1g | , column (a)) held | as: | |
| а | Board designated or quasi-endowmen | nt 🕨 (| 0% | | | |
| b | | 100% | | | | |
| С | Temporarily restricted endowment ▶ | 0% | | | | |
| | The percentages on lines 2a, 2b, and | | | | | |
| 3a | Are there endowment funds not in the organization by: | e possession of the | e organization the | at are held and ac | dministered for the | Yes No |
| | (i) unrelated organizations | | | | | 3a(i) ✓ |
| | (ii) related organizations | | | | | 3a(ii) ✓ |
| b | If "Yes" on line 3a(ii), are the related o | | | | | 3b |
| 4 | Describe in Part XIII the intended uses | of the organization | n's endowment fo | unds. | | · |

Part VI Land, Buildings, and Equipment.

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

| | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-------|---|--------------------------------------|------------------------------------|------------------------------|----------------|
| 1a | Land | 187,981 | | | 187,981 |
| b | Buildings | | | | |
| C | Leasehold improvements | | | | |
| d | Equipment | | | | |
| е | Other | | | | |
| otal. | Add lines 1a through 1e. (Column (d) must e | egual Form 990, Part | X, column (B), line 1 | 0c.) ▶ | 187,981 |

| Part VII | Investments - Other Securities. | | 000 Dart IV II | 11h O F | OOO Bort V line 10 |
|--------------------------|--|---------------------------------------|-------------------------|--|--|
| | Complete if the organization answ | | | T | |
| | (a) Description of security or category (including name of security) | • | (b) Book value | | hod of valuation: -of-year market value |
| (1) Financial | | | | | |
| • • | neld equity interests | | | | <u> </u> |
| (3) Other | | | | | |
| | state investment trusts | | 221,62 | market value | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | ••••••• | | | | |
| (E) | | | | | |
| (F) (G) | | | | | · · · · · · · · · · · · · · · · · · · |
| (H) | | | | - | |
| | b) must equal Form 990, Part X, col. (B) line 12.) | | | | |
| Part VIII | Investments—Program Related | | 1 | | THE PROPERTY OF THE PARTY OF TH |
| T GIT VIII | Complete if the organization answer | | rm 990. Part IV. lir | ne 11c. See Form | 990. Part X. line 13. |
| | (a) Description of investment | | (b) Book value | | thod of valuation: |
| | (-// | | (-, | | -of-year market value |
| (1) | | | | | |
| (2) | | | | - | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | · | | | | |
| (9) | | | | Windows Chief and the Fall of the Alle | and a second control of the second control o |
| | b) must equal Form 990, Part X, col. (B) line 13.) ► | | L | THE STREET | |
| Part IX | Other Assets. | 107 11 5 | 000 5 18/1 | 44.1.0 | 000 D 1 V " 45 |
| | Complete if the organization ans | Wered "Yes" on Fo | rm 990, Part IV, III | ne 11a. See Form | |
| | (8 | i) Description | | <u> </u> | (b) Book value |
| (1) | | | | ···· | |
| (2) | | | - | | |
| (3) | | ····· | | | |
| (4) | | | | | |
| (5) (6) | · · · · · · · · · · · · · · · · · · · | | | · · · | |
| | | | | | |
| <u>(7)</u> <u>(8)</u> | | ** | | | |
| (9) | | | | | |
| Total. (Colu | mn (b) must equal Form 990, Part X, c | ol. (B) line 15.) | · · · · · · · | | |
| Part X | Other Liabilities. | · · · · · · · · · · · · · · · · · · · | | | |
| | Complete if the organization ans | wered "Yes" on Fo | rm 990, Part IV, li | ne 11e or 11f. Se | e Form 990, Part X, |
| | line 25. | | | | , , |
| 1. | (a) Description of liability | (b) Book value | | | |
| (1) Federal in | ncome taxes | | 0 1 | | |
| (2) Charitat | ole annuity trust payable | | 33,643 | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | b) must equal Form 990, Part X, col. (B) line 25.) ▶ | | 33,643 | | |
| | runcertain tax positions. In Part XIII, provi | | | | |
| organization' | s liability for uncertain tax positions under | ' FIN 48 (ASC 740). Ch | eck here it the text of | the toothote has bee | en provided in Part XIII 🔃 |

| Part | • | | | Return | · |
|---------|--|---------|---|-----------|----------------------|
| | Complete if the organization answered "Yes" on Form 990, F | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | • • | | FRENTE | 1,096,326 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | ا ما | 1 | | |
| а | Net unrealized gains (losses) on investments | 2a | 697,740 | | |
| b | Donated services and use of facilities | 2b | | | |
| C | Recoveries of prior year grants | 2c | | | |
| d | · · · · · · · · · · · · · · · · · · · | 2d | (249,604) | (| |
| е | Add lines 2a through 2d | • • | | 2e | 448,136 |
| 3 | Subtract line 2e from line 1 | | | 3 | 648,190 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 73,302 | | |
| b | Other (Describe in Part XIII.) | 4b | <u> </u> | | |
| C | Add lines 4a and 4b | | | 4c | 73,302 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | 5 | 721,492 |
| Part | • | | | r Retu | rn. |
| | Complete if the organization answered "Yes" on Form 990, I | Part I | V, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 390,722 |
| · 2 ·· | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | 1992 | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | | | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | | 3 | 390,722 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | i : | | 90 m | 330,722 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 73,302 | | |
| b | Other (Describe in Part XIII.) | 4b | 13,302 | | |
| C | A did P A coul Ab | | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | | 5 | 73,302 |
| | XIII Supplemental Information. | e 10., | · · · · · · · · | 1 9 | 464,024 |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and | 4 4 · D | art IV lines 1h and 2h | · Dort V | Lline 4: Dort V line |
| | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | | | | |
| | | | - | | |
| Part V | Line 4- All endowment funds are held in perpetuity with the income as follows: | Gran | ts to Mote Marine Labo | ratory to | o support |
| | | | | | |
| marine | mammal research, scholarships, general research, general operations, post-d | octor | ate research, undergra | duate re | search, Fisheries |
| | | | | | |
| chair, | Ecotoxicology chair, Shark biology chair, Biomedical research and Dolphin and | d Wha | le Hospital. | | ••••• |
| | | | | | |
| | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | | | | |
| Part X | Line 2-Under the income tax topic of the FASB Accounting Standards Codifica | tion, t | he Foundation has rev | iewed a | nd evaluated |
| | | | | | |
| the rel | evant technical merits of each of its tax positions in accordance with accounting | ng prin | nciples generally accer | ted in t | ne United |
| | | | | | |
| States | of America for accounting for uncertainty of income taxes, and determined that | at ther | e are no uncertain pos | itions th | at would |
| | | | | | |
| have a | material impact on the financial statements. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part X | Reconciliation of revenue per Audited Financial Statements with revenue per | Retur | n | | |
| | | | | | |
| Line 1 | d- Change in value of split interest agreement 396 | | | | |
| | | | | | |
| | Pledge transferred to Mote Marine Laboratory (250,000) | | | | |
| | | | | | |
| | Total Line 1d (249,604) | | | | |
| | | | | | |

| Schedule D (Fo | m 990) 2016 | Page 5 |
|----------------|---|---|
| Part XIII | Supplemental Information (continued) | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | ••••••••••••••••••••••••••••••••••••••• | |
| | | |
| | | |
| | | |
| | | |
| | | *************************************** |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

Name of the organization

► 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 FOUNDATION, INC | 59-2226800 |
|--|---|
| Part VI-Line 11b-The form 990 is prepared by the Chief Financial Officer. Prior to filing, Form 990 is rev | iewed and signed by the CEO and |
| then provided to the board of trustees. | |
| Part VI- 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 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. | |
| Part VI- 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 | ir decision on compensation data |
| rom comparable institutions and a comprehensive written summary of activities by the CEO. The comp | pensation for the CFO is approved as |
| part of the annual review which includes comparable data. All deliberation and decisions are contemporary | praneously 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 396 | |
| Pledge transferred to Mote Marine Laboratory (250,000) | |
| Total line 9 (249,604) | |
| | |
| The current tax year is a short year because the organization changed from a calender year end to a S | eptember 30 fiscal year end. |
| | |
| | |
| | |
| | |
| | |
| • | |
| | |
| | |
| | |
| | •• |

| Schedule O (Form 990 or 990-EZ) (2016) | Page 2 |
|--|--------------------------------|
| Name of the organization | Employer identification number |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| ······································ | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | •••••• |
| | |
| | |
| | |
| | |

SCHEDULE R (Form 990)

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.

OMB No 1545-0047 2016

Open to Public
Inspection
Employer identification number

| Department of Internal Revenu | the Treasury se Service | ► Information about | Schedule R | | o Form 990. Ind its instruction | s is at www.irs.gov/f | orm990. | | | en to Pu Inspecti | |
|----------------------------------|------------------------------|--|--------------|--------------------|--|---|---|-----------------|-------------------------------------|------------------------------|-------------------------------------|
| Name of the c | organization | | | | | | | | Employer ide | itification n | umber |
| MOTE MAR | INE FOUND | ATION, INC | | | | | | | 59- | 2226800 | |
| Part I | Identific | ation of Disregarded Entities. Comple | te if the or | ganization | answered "Yes | s" on Form 990, P | art IV, line 33. | | | | |
| | Name, a | (a) ddress, and EIN (if applicable) of disregarded entity | | Prim | (b) ary activity | (c) Legal domicile (state or foreign country) | (d) Total income | End-c | (e) of-year assets | (f) Direct cont entity | |
| (1) N/A | | | | | | | | | | | |
| (2) | | | | | | <u></u> | | | | | |
| (3) | | | | | · - | | | 1 | | | |
| (4) | | | | | | <u> </u> | | | | | |
| (5) | | | | | | | | | | | _ |
| (6) | | | | | , | | | | | | |
| Part II | | ation of Related Tax-Exempt Organizations de | | | he organization | answered "Yes" | on Form 990, I | Part IV, | line 34 beca | use it ha | ad |
| | | (a) Idress, and EIN of related organization | | (b) ry activity | (c) Legal domicile (st or foreign countr | | on Public charity s (if section 501) | | (f) Direct controlling entity | contr | g) 512(b)(13) rolled lity? |
| _ | | | | | | _ | | | | Yes | No |
| | larıne Labor I 34236 59-0 | atory, Inc 1600 Ken Thompson Parkway | Scientific F | Pasarch | Florida | 501(0 | 13 | Line7 | | | 1 |
| | | | Scientific | Cocaron | Tionag | 301(0 | | Cincy | | | ` |
| | | | | <u> </u> | | | | - - | | 1 | |
| (4) | | | <u> </u> | | | | | + | | | |
| (5) | | | | | | | | _ | | 1 | |
| (6) | | | | | | | <u> </u> | 1 | - | | |
| (7) | | | | | | | | | · · | | |

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

Cat No 50135Y

Schedule R (Form 990) 2016

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) | Share of total income | (g) Share of end-of- year assets | | h) orbonate dions? | (i) Code VUBI amount in box 20 of Schedule K-1 (Form 1065) | 20 managing 1 partner? | | (k) Percentage ownership |
|--|-------------------------|---|-------------------------------------|---|-----------------------|--|-----|--------------------------|--|---------------------------|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) N/A | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| .(7) | | | | | | | | | | | | |

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.

Name, address, and EIN of related organization

Primary activity

Schedule R (Form 990) 2016

| Schedu | e R (Form 990) 2016 | | | | | Page 3 |
|---------|---|----------------------------------|---------------------------|-----------------------------|----------|--|
| Part | Transactions With Related Organizations. Complete if the organization answ | vered "Yes" on Form | n 990, Part IV, line 3 | 4, 35b, or 36. | | |
| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | 1 | es No |
| 1 | During the tax year, did the organization engage in any of the following transactions with one | or more related organ | nizations listed in Parts | ; II-IV? | 1, 3 | Sec. 1. ". |
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | ✓ |
| Ь | Gift, grant, or capital contribution to related organization(s) | | | | 1b | ✓ |
| C | Gift, grant, or capital contribution from related organization(s) | | | | 1c | ✓ ✓ |
| q | Loans or loan guarantees to or for related organization(s) | | | | 1d | / |
| 9 | Loans or loan guarantees by related organization(s) | | | | 1e | <u>,</u> |
| f | Dividends from related organization(s) | | | | 1f | " 🗸 ' |
| g | Sale of assets to related organization(s) | | | | 1g | . 7 |
| h | Purchase of assets from related organization(s) | | | | 1h | _ \ \ |
| i | Exchange of assets with related organization(s) | | | <i>.</i> . | 1i | 7 |
| ì | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | 1 |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | |
| | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | +> |
| · . | Performance of services or membership or fundraising solicitations for related organization(s). | | | | | / * - |
| m | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | / - |
| п | | | | | | / |
| 0 | Sharing of paid employees with related organization(s) | | • • | • • • | 10 | ' |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | 17 |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | T |
| | | | | | | 11.3 |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | |
| s | Other transfer of cash or property from related organization(s) | <u> </u> | <u> </u> | <u> </u> | 1s | |
| _2_ | If the answer to any of the above is "Yes," see the instructions for information on who must of | complete this line, incl | uding covered relation | ships and transacti | on thres | holds. |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determinin | | nvolved |
| (1) | | | | | | |
| (2) | | | | | _ | |
| <u></u> | | · | | | | |
| (3) | | | | | | |
| (4)_ | | | | | _ | |
| (5) | | | | | | |
| | | | | | | |
| (6) | | 1 | Ī. | 1 | | |

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

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 gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under | Are all p | e) partners tuon (c)(3) | (f) Share of total income | (9) Share of end-of-year assets | Disprop | h) ortionate itions? | (i) Code V – UBI amount in box 20 of Schedule K-1 (Form 1065) | | | (k) Percentage ownership |
|--------------------------------------|-------------------------|---|---|--------------|----------------------------------|---------------------------------|--|----------|----------------------------|---|--------|--------|--------------------------------|
| | | | sections \$12-514) | Yes No | | | | Yes No | | | Yes No | | <u> </u> |
| (1) | - | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | 1 | | | | | | | <u> </u> | | | | | |
| (5) | | | | | | | | † | | | | | |
| (6) | | | | | | | | | | | - | | |
| (7) | | | | | | . , | | \vdash | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | - | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | <u> </u> | | | | | | | | | - | | |
| (13) | | \ - | | | | | | | | | | | |
| (14) | 1 | | | - | | - | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | <u> </u> | | | | | 1 | | | - | | |
| | <u> </u> | <u> </u> | | 1 | Ц | L | <u> </u> | | Ь | Scho | dule I | 2 (For | m 990) 2016 |

Schedule R (Form 990) 2016

| Schedule R (F | Form 990) 2016 | Page 5 |
|---------------|---|--------------|
| Part VII | Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions. | |
| | | · |
| | | |
| | | |
| | | |
| | | |
| | | ·· |
| | ······································ | |
| | | |
| | | |
| | | |
| | | •••••• |
| | | |
| | | |
| ••••• | | |
| | | |
| | | |
| | | |
| | | |
| | | ····· |
| | | |
| | | - |
| | | |
| | | |
| | | |
| | | ···· |
| | | |
| | | |
| | ······································ | |