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Form **990**

Return of Organization Exempt From Income Tax

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

20**08**

Open to Public Department of the Treasu The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection 2008, and ending June 30 20 09 For the 2008 calendar year, or tax year beginning July 1 D Employer identification number C Name of organization The Woods Hole Research Center Inc. Please Check if applicable: 04 3005094 Address change label or print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number 149 Woods Hole Road (508) 540-9900 Initial return City or town, state or country, and ZIP + 4 ☐ Termination Instruc Falmouth MA 02540 G Gross receipts \$ 19,497,828 Amended return F Name and address of principal officer. Application pending H(a) is this a group return for affiliates? Yes H(b) Are all affiliates included? ☐Yes ☐ No 4947(a)(1) or If "No," attach a list. (see instructions) Website: ► whrc.org H(c) Group exemption number Type of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1988 M State of legal domicile: MA Summary Part I 1 Briefly describe the organization's mission or most significant activities: The Woods Hole Reseach Center addresses the great issues for a healthy planet through science, policy and education, combining expertise in satellite re-Governance mote sensing with research on the ground to study, model, map and monitor the world's ecology. We are unique in the depth of our science capability in combination with our commitment to the environment. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. 22 3 Number of voting members of the governing body (Part VI, line 1a). 9 4 20 Number of independent voting members of the governing body (Part VI, line 1b) 5 49 5 Total number of employees (Part V, line 2a) . . . 6 0 Total number of volunteers (estimate if necessary) 0 7a Total gross unrelated business revenue from Part-VIII, line_12; column:(C) 7a b Net unrelated business taxable income from Form 990-17 tine 34 1 V E 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h) . . (S) 7,778,428 19,219,409 -MAY · 1 · 9 · 2010 · 0 Program service revenue (Part VIII, line 2g) . . . 450,798 235,518 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c Oc, land 11-e) 24,728 7,937 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,253,954 19,462,864 2,391,901 1,605,105 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 Benefits paid to or for members (Part IX, column (A), line 4) 4,095,179 4,564,494 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . 2,461,321 2,701,184 8,161,605 9,657,579 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12 92.349 9,805,285 Beginning of Year End of Year 16,703,807 25,432,717 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) 2,660,685 2,861,918 Net assets or fund balances. Subtract line 21 from line 20 14,043,122 22,570,799 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge U5/14/10 Sign Here Signature of officer Director of Finance and Administration Type or print name and title Check if Date Preparer's identifying number Preparer's see instructions) signature employed ▶ 🗌 Paid Preparer's Firm's name (or yours EΝ Use Only if self-employed), address, and ZIP + 4 Phone no. ▶ (

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

CIP

Yes No Form **990** (2008)

Cat. No. 11282Y

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Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: The Woods Hole Reseach Center addresses the great issues for a healthy planet through science, policy and
	education.

2	Did the organization undertake any significant program services during the year which were not listed on
~	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
3	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,295,232 including grants of \$ 303,944,) (Revenue \$ 3,295,232)
	Projects at the Center are addressing key factors impacting tropical forests in South America and Africa, examining
	and comparing the range of factors influencing deforestation in those regions. Tropical forests capture large amounts
	of incoming sunlight for photosynthesis and, in the process, evaporate water. The large amount of water vapor that
	is pumped into the atmosphere provides 1/3 to 1/2 of the water that returns as rainfall. Replacing forests with grasses
	and crops greatly reduces the amount of water cycled between land and atmosphere and has complex impacts for re-
	gional climate and stream flow. Center projects address the complex ways in which deforestation affects the water
	balances, providing a more comprehensive understanding of how human activities alter these key ecosystems. In
	Central Africa, the second largest block of unfragmented tropical forests in the world is threatened by deforestation
	and degredation, due in large part to logging practices that are not well-managed or sustainable. Center scientists
	are using remote sensing technologies coupled with on-the-ground filedwork to map and monitor habitat alteration,
	support biodiversity conservation, and promote better land use planning and forest management in this crucial
	region.
4b	
	Center scientists are coupling innovative uses of remote sensing and satellite technologies with field studies to bet-
	ter understand carbon and blomass stocks at the global scale. They are producing the National Blomass and Carbon
	2000, the first ever spatially explicit inventory at high-resolution scale. The dataset provides a year-2000 estimate of
	basal area-weighted canopy hieght, aboveground live dry biomass, and standing carbon stock for the conterminous
	United States. In addition the Center has initiated a three year project focused on pan-tropical mapping of forest
	cover and associated carbon stocks stored in the above-ground blomass. This is being accomplished through the
	generation of pan-tropical consistent data sets of year 2007 high-resolution, cloud-free radar imagery from the Japa-
	nese ALOS sensor. These maps are an invaluable reference against which changes in forest cover and carbon stock can be measured.
4c)
	An integral part of the work underway at the Woods Hole Research Center is the transfer of knowledge and skills
	to representatives of tropical nations, equipping them to engage more fully in international efforts to slow deforesta-
	tion and enabling them to better evaluate alternative forest management options. Through capacity building initia-
	tives as part of the pantropical mapping project and through the Center's work with the Forum on Readiness for
	REDD, a series of workshops are being held in South America, Africa and Asia to bring together stakeholders, in
	addition to workshops and seminars taking place at the Center to share information on both field and remote
	sensing techniques.
	Other program services. (Describe in Schedule O.) (Expenses \$ 1,383,091 including grants of \$ 2009,636) (Revenue \$ 1,383,091)
4e	Total program service expenses ► \$ 6,869,494 (Must equal Part IX, Line 25, column (B).)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	√	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4		1
5	Schedule C, Part II	5		
6	Did the organization maintain any donor advised funds or any accounts where 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; 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		√
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11	1	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	✓
14a	3	14a	•	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15	✓	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	1	1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 18		✓
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u>,</u>
19 20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		7
21	Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? If "Yes," complete Schedule J.	23	1	
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a	✓	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		V
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		√
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	ļ		
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	, , , , ,	1
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		1
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	<u> </u>
30	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, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			

Form 990 (2008)

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			-9
		·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			;
b	Statements, filed for the calendar year ending with or within the year covered by this return 49 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		• , -	. (
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
ь	If "Yes," enter the name of the foreign country: ▶			,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<u>'</u>	,	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible? , , , , , .	6a		√
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1 3		3 6 7
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	2 25 2	₹ <u>7</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С		7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	✓_	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	1	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		# 15 A
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	1, 2, 1	نظد	35 1
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	ļ
10	Section 501(c)(7) organizations. Enter:			\$.5
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		,	1.
11	Section 501(c)(12) organizations. Enter:	1 .	, ,	
а	Gross income from members or shareholders		1. 1.	· `
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 34 s		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		<u> </u>

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management		,	
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.		1	,
1a	Enter the number of voting members of the governing body	Į,	,	,
b	Enter the number of voting members that are independent	1		. 1
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?	2	L	✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			1
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	L	✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	ł	İ	
-	of the governing body?	7a		✓_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:		1 14	
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9a	Does the organization have local chapters, branches, or affiliates?	9a		1
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	ļ	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	1		/
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	1	-
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at	۱.,		١,
5	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	J	V
Sec	tion B. Policies		F w	
		420	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	-	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	401	1	
	rise to conflicts?	12b	 	├─-
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		1
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by	2 2	44.	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		0] .
а	The organization's CEO, Executive Director, or top management official?	15a	1	
	Other officers or key employees of the organization?	15b	1	
~	Describe the process in Schedule O. (see instructions)	j	93	113.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	, ,	5 .	
	with a taxable entity during the year?	16a		1
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	2.34.	G. A. C.	***
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	,	100	
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶Massachusetts			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501)	c)(3)s	onlv)	
-	available for public inspection. Indicate how you make these available. Check all that apply.	,,-,-		
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
13	policy, and financial statements available to the public.	J, 1111		
20	State the name, physical address, and telephone number of the person who possesses the books and rec	nrde d	of the	
20	organization: ► Robert M. Barry	JUSE		
	149 Woods Hole Road Falmouth MA 02540			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not co		any c	mic			ctor,	trus			
(A)	(B)			-	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	Former	Reportable compansation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
John P Holdren President	20	1						173,928	0	17,547
Joseph R Robinson		-	-	 * -	╁╌	 	-	·		
Treasurer	2	1		ł		1		0	0	0
Iris Fanger	-	-	Г		H		H	-		
Director	2	1			İ	1	ı	0	0	0
Lawrence S Huntington	2							0	0	0
Director		✓	-	-	├	 -	-			
Joshua R Goldberg	2					l		0	0	0
Director		✓	-		⊢	 	├	 		
Merloyd Ludington	2					1		o	0	0
Director		✓	 	ļ	-	 	-	 		
Mary Louise Montgomery	2	١,			j]		0	0	0
Director		-	⊢	\vdash	⊢	├	├			
Amy Regan	2	١,					ŀ	0	0	0
Director Lily Rice Hsia		-	├—	├	╁	 -	├			
Director	2	1						0	0	0
Thomas E Lovejoy		 	┝	┢	╁		 			
Director	2	1						0	0	0
Victoria Lowell	2	1						0	0	0
Director		✓	_	L	_		<u> </u>			
Gordon Russell	2				ł	Ì		0	ol	0
Director		1		L.	<u> </u>	<u> </u>	<u> </u>			
Hele Spaulding	2	1						0	اه	0
Director	-	✓	<u> </u>	L		ļ	<u> </u>			
Casey Lambert	2	1		ı				l 0	o	0
Director		1	L_	L.	ļ	ļ	ļ			
David Hawkins	2	1		ļ	•	ł		0	o	0
Director		✓.	<u> </u>	<u> </u>	 	<u> </u>	ļ			
Constance R Roosevelt	2			ĺ				0	o	0
Director	ļ	✓	<u> </u>	<u> </u>	 	ļ	 	ļ	ļ	
George M Woodwell	40							103,601	0	31,568
Director	1	I ✓	l	i	ł	1	1	1	l	

Name and title	Average	Positi	on (c	chec	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per weak	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Wilhelm Merck	2		1	ļ]			0	0	0
Director Tedd Saunders	ļ -	1		-	\vdash	ļ	_			<u> </u>
Director	2	١,			1	1		0	0	0
John H Adams	 	 ✓	⊢	⊢	⊢		-			
Director	2	1	l		İ			0	0	0
Steve Curwood	 	 		H	\vdash					
Director	2	1	1		l	•		0	0	0
Joel Horn		 	\vdash	 	╁╌		_			
Director	2	1			ł		İ	0	0	0
Neal Brown										_
Clerk	2		l	1			ŀ	0	0	0
Robert M Barry Assitant Clerk, Director of Finance/Admin	40							178,707	0	24,169
Richard A Houghton	 	├	┢	 ✓	╁	-	\vdash			
Deputy Director Eric Davidson	40	<u> </u>	L	_	1		_	151,473	0	35,708
Senior Scientist	40					 		131,314	0	25,685
Scott Goetz		 		1		\ <u> </u>			_	
Senior Scientist	40					1		126,243	0	20,448
Frank Carotenuto Director of Institutional Development	40							143,960	0	4,414
				T						
	<u> </u>	<u> </u>	<u></u>	1	<u> </u>		<u>Ļ</u>	4 000 000		450 500
1b Total		· ·		<u></u>		. Ab	• 64	1,009,226	0	1
2 Total number of individuals (including thos organization ► 7	ein 1a) wr	no rec	eive	ea r	nor	e tnar	1 \$1	ou,ooo in repo	rable compens	sation from the
										Yes No
3 Did the organization list any former office							oye	e, or highest o	compensated	3
employee on line 1a? If "Yes," complete S										122 x 10 2 1 2 2
4 For any individual listed on line 1a, is the										
the organization and related organizations individual.	greater tha	3U 2013	ou,u	100	. 11	res,	COI	прівів эспеац	ne J for such	4 1
5 Did any person listed on line 1a receive	or accrue	com	Den	 sati	on.	from	anv	unrelated org	anization for	ENGL 18
services rendered to the organization? If "	Yes," com	olete	Sch	edu	ile .	for s	uch	person		5 🗸
Section B. Independent Contractors										
 Complete this table for your five highest c compensation from the organization. 	ompensate	ed ind	epe	ende	ent d	contra	cto	rs that receive	d more than \$1	00,000 of
(A)							Π	(B)		(C)
Name and business add	dress						<u> </u>	Description of s	ervices	Compensation
none							┼			
							1			
										· · · · · · · · · · · · · · · · · · ·
2 Total number of independent contractors		those	in	1) v	vho	recei	l ved	more than \$1	00,000 in	
compensation from the organization ▶ 0	<u> </u>									

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)
(A) (B) (C) (D) (E) (F)

t VIII	Statement of Re	venue					
	*			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from t under sections
12	Federated campaigns	. 1a	· · · · · · · · · · · · · · · · · · ·		revenue		512, 513, or 51
	Membership dues	1b					
,		1c			·		,
) G	Fundraising events .	1d		. ,			
d	Related organizations		4,077,719	• `		, f	
e	Government grants (contri	DO(1012).	4,077,713				
i	All other contributions, gifts, g		45 444 600	. 1	, 4	,	
	and similar amounts not inclu		15,141,690 260,746			7 8 4	, ,
9	Noncash contributions include Total. Add lines 1a-1f	din lines 1a-1f: \$	200,740	19,219,409		, , , , , , , , , , , , , , , , , , ,	
' h	Total, Add lines 1a-11		Business Code	19,219,409			
			D23//1033 0000		-ii		
2a			·	<u> </u>			
þ							
С			ļ	ļ			
d		•••••					
е	Att - At		· · · · · · · · · · · · · · · · · · ·				
f	All other program service	ce revenue .	L		(,(
<u> </u>	Total. Add lines 2a-2f	<u> </u>	<u> </u>			, , , , , ,	
3	Investment income (incother similar amounts)	luding dividends		235,518			235,5
4	Income from investment of	f tax-exempt bon	d proceeds >				
5	Royalties	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
		(i) Real	(ii) Personal				3.
6a	Gross Rents	40,676			4. 3		
1	Less: rental expenses	34,964		1 2 3 4 F	or and the first of the	经免债费	隐缩地
	Rental income or (loss)	5,712				本學演:	Carrier Comment
ď	Net rental income or (lo		>	5,712			5,7
70		(i) Securities	(ii) Other			· 管理·	13- 35 Ja
l /a	Gross amount from sales of assets other than inventory	(,				the state of the state of	a land
١.	•	<u> </u>		1	K	The state of the s	
P	Less: cost or other basis						्रिक्ट सही को भू <i>रे</i>
	and sales expenses ,					- mg (3	
	Gain or (loss)	· · · · · · · · · · · · · · · · · · ·		- and - and -	La.		
d	Net gain or (loss)			2 2 2	A B		7 7 7
8a	Gross income from	fundraising				3 0 11	
	events (not including \$				75.	45	
	of contributions reported		ļ	، - بوي د			
	See Part IV, line 18	\cdots a					(*)
	Less: direct expenses		<u> </u>		وشفت التنشية فسنة	التعالمة للتكنيب	
C	Net income or (loss) fro	m fundraising e	vents 🕨				
9a	Gross income from gam	ino activities					
	See Part IV, line 19					医乳洗洗	# a
Ь	Less: direct expenses,			海海山荒 新生人	F 124 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The State of the s	P. Jakoba
	Net income or (loss) fro						
10a	Gross sales of inve	entory less		ľ		4 ()	A. 34
	returns and allowances		1	[· · · · · · · · · · · · · · · · · · ·			19 80 E.
Ь	Less: cost of goods so			112 1 1 1 1 1 1 1 1	r Shi in.	Frank Co	line in head
	Net income or (loss) from		ory ▶		1000		
	Miscellaneous Revi		Business Code		्रिक्टिन्	F 6 8 10 1	5 . S
11a	miscellaneous		900099	2,225	2,225		
١.							
b			 	 		· · · · · · · · · · · · · · · · · · ·	
C	A.D		 	 			
i	All other revenue			2 225		 	a
1	Total. Add lines 11a-1			2,225		<u> </u>	~ 61 - 4
	Total Revenue. Add lir	nes th 2a 3 4	5, 6d, 7d, 8c,				1
12	9c, 10c, and 11e	, Lg, c, 1,		19,462,864	2,225		241,2

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

ations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete col	tumn (A) but are no	t required to comp	olete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	613,519	613,519	, , ,	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	109,937	109,937	*	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,668,445	1,668,445		
4	Benefits paid to or for members			* * * * * * * * * * * * * * * * * * * *	
5	Compensation of current officers, directors, trustees, and key employees	581,876	285,109	251,087	45,680
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,564,218	1,838,670	553,245	172.303
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	270,030	182,285	69,036	18,709
9	Other employee benefits	883,256	594,923	226,397	61,936
10	Payroll taxes	265,114	178,966	67,779	18,369
11 a	Fees for services (non-employees): Management				
	Legal	10,113		10,113	
	Accounting	38,758		38,758	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	14,153		14,153	
		136,253	3,076	125,397	7,780
12	Advertising and promotion				
13	Office expenses	295,382	64,478	183,132	47,772
14	Information technology	474,124	403,298	66,734	4,092
15	Royalties				
16	Occupancy	150,311		150,311	
17		497,735	447,505	45,713	4,517
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	Conferences, conventions, and meetings .	358,568	358,568		
19 20	,	46,008		46,008	
20	Interest	,		,	
21	Payments to affiliates	516,752		516,752	
22		16,723		16,723	
23	Insurance	The second of	्रायुक्त (१८४५) न ६६	Same and the same	" ME SE OF THE SE OF THE SE
24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a b					
C					
d					
_					
e f	All other expenses	146,304	120,715	25,589	
25 25	Total functional expenses. Add lines 1 through 24f	9,657,579		2,406,927	381,158
26	Joint Costs. Check here ► ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			1	

Рa	rt X	Balance Sheet						
			(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing	154	_1	77			
	2	Savings and temporary cash investments	2,948,733	2	5,769,143			
Ì	3	Pledges and grants receivable, net	1,313,222	3	7,355,487			
	4	Accounts receivable, net	0	4	0			
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.	0	5	0			
	6	Receivables from other disqualified persons (as defined under section	· ·	. '	-			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	0			
Assets	7	Notes and loans receivable, net	0	7	0			
188	8	Inventories for sale or use	0	8	0			
4	9	Prepaid expenses and deferred charges	190,348	9	292,528			
	10a	Land, buildings, and equipment: cost basis 10a 11,737,413		, ,				
	b	Less: accumulated depreciation. Complete	2000 400					
		Part VI of Schedule D	6,926,138		7,765,384			
	11	Investments—publicly traded securities	5,070,428	11	3,992,987			
	12	Investments—other securities. See Part IV, line 11		12				
	13	Investments—program-related. See Part IV, line 11		13				
	14	Intangible assets		14				
	15		254,784		257,111			
	16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	16,703,807	16	25,432,717			
(0)	17	Accounts payable and accrued expenses	524,794	17	825,811			
	18	Grants payable		18				
	19	Deferred revenue	34,754	19	25,717			
	20	Tax-exempt bond liabilities	2,015,202	20	1,927,584			
es	21	Escrow account liability. Complete Part IV of Schedule D		21				
_iabiliti	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		-				
_		persons. Complete Part II of Schedule L		22	<u> </u>			
	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable		24				
	25	Other liabilities. Complete Part X of Schedule D	85,935	25	82,806			
	26	Total liabilities. Add lines 17 through 25	2,660,685		2,861,918			
seoul		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.		، د د				
a	27	Unrestricted net assets	7,816,543	27	7,215,209			
Ва	28	Temporarily restricted net assets	2,578,578	28	11,721,058			
ᄝ	29	Permanently restricted net assets	3,648,001	29	3,634,532			
or Fund Bala		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		4	一种 一种 一种 一种 一种 一种 一种 一种 一种 一种 一种 一种 一种 一			
	30	Capital stock or trust principal, or current funds		30				
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
As	32	Retained earnings, endowment, accumulated income, or other funds		32				
Net	33	Total net assets or fund balances	14,043,122	33	22,570,799			
Z	34	Total liabilities and net assets/fund balances	16,703,807	34	25,432,717			
Pa	rt XI	Financial Statements and Reporting						
					Yes No			
1		ounting method used to prepare the Form 990: Cash Accrua		_				
2a		e the organization's financial statements compiled or reviewed by an inc	•	1?.				
b Were the organization's initiation statements addited by an independent accountant:								
C		es" to lines 2a or 2b, does the organization have a committee that assumes	•	-				
		audit, review, or compilation of its financial statements and selection of an ir	•					
	the :	result of a federal award, was the organization required to undergo an Single Audit Act and OMB Circular A-133?			in . 3a ✓			
b	If "Y	es," did the organization undergo the required audit or audits?			. 3b ✓			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

Open to Public Inspection

Name	lame of the organization									Employer identification number			
The	Wa	ods Hole Res	search Center, I	inc.					04	3	005094		
Par	τŀ	Reason	for Public Ch	arity Status (All org	anizatio	ns must	comple	ete this	part.) (se	e instruc	ctions)		
The	orga			dation because it is: (
1				ches, or association						A)(i).			
2				n 170(b)(1)(A)(ii). (Att									
3		A hospital or	a cooperative h	nospital service organi	ization de	escribed i	in sectio	n 170(b)	(1)(A)(iii).	(Attach S	chedule H.)		
4		A medical re	search organiza	tion operated in conju	unction v	vith a hos	spital des	scribed in	n section	170(b)(1)	(A)(iii). Enter the		
		hospital's na	me, city, and sta	ate:									
5			ion operated for (b)(1)(A)(lv). (Cor	the benefit of a collect mplete Part II.)	ge or univ	versity ow	ned or d	perated	by a gov	emmental	unit described in		
6		A federal, sta	ete, or local gove	emment or governme	ntal unit	described	d in secti	ion 170(t	o)(1)(A)(v)).			
7	Ø	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8				in section 170(b)(1)		omplete	Part II.)						
9		An organizati	ion that normally	receives: (1) more tha	an 331/3 %	of its su	port from	n contrib	utions, m	iembershi	p fees, and gross		
		support from	n gross investme	ed to its exempt funct ent income and unrel after June 30, 1975.	lated bus	siness tax	able inc	ome (les	s section	no more 1 511 tax)	than 33%% of its from businesses		
10		An organizat	ion organized ar	nd operated exclusive	ly to test	for publi	c safety.	See sec	tion 509	(a)(4). (se	e instructions)		
11		An organizat purposes of	tion organized a one or more put	nd operated exclusivolicly supported organit describes the type	ely for th	ne benefit described	t of, to p d in secti	perform to on 509(a)	he functi)(1) or sec	ons of, or ction 509(r to carry out the a)(2). See section		
		a Type				e III—Fund					Type III-Other		
е		By checking persons other	this box, I cert er than foundatio	ify that the organizat n managers and other	ion is no	t control	led direc	tty or inc	directly b	y one or	more disqualified		
_			section 509(a)(2)		_					_			
f		-		a written determinati	on from	the IRS t	that it is	a Type	l, Type II	, or Type	III supporting		
9				the organization acce	pted any	gift or c	ontributio	on from a	iny of the	· · · ·	⊔		
		(i) A person	who directly or	r indirectly controls, en				th persor	ns descri	bed in (ii)	Yes No		
			_	rson described in (i) a		96.12260					11g(ii)		
				of a person described		 (ii) above	 ?				11g(iii)		
h				ation about the organ				upports.	• • •	• • •			
(i)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the o	organization sted in your document?	(v) Did y the organ col. (i)	rou notify nization in of your port?	organizat (i) organi	ls the tion in col. zed in the S ?	(vii) Amount of support		
				· "	Yes	No	Yes	No	Yes	No			
									}				
						L		ļ	ļ	ļ			
						ļ			ļ				
			}]				1				
					 	}			 -	 			
							İ	1	1				
					1			रा इ		17 47 27			

Total

Pai	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(VI)
	tion A. Public Support		•				
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,870,424	8,092,324	7,844,425	7,789,733	19,219,409	48,816,315
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		:				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	5,870,424	8,092,324	7,844,425	7,789,733	19,219,409	48,816,315
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)				P		17,755,238
6	Public support. Subtract line 5 from line 4.		1 3 6	2 - 2	Li et		31,061,077
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
		5,870,424	8,092,324	7,844,425	7,789,733	19,219,409	48,816,315
7 8	Amounts from line 4		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,010,100	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	
0	payments received on securities loans, rents, royalties and income from similar sources	161,875	260,272	365,775	495,170	276,174	1,559,266
9	Net income from unrelated business activities, whether or not the business is regularly carried on						!
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	41,229	44,625	51,078	35,644	33,836	206,412
11	Total support. Add lines 7 through 10 .	·華·紫··································	程、後人は	·智、養養、於	· ·		50,581,993
12	Gross receipts from related activities, etc	: (see instruction	ons) , , .			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ere	<u> </u>		-	ear as a section	
	tion C. Computation of Public Su					1 1	C4 44
14	Public support percentage for 2008 (line	• •	-	1, column (f))		14	61.41 % 78 %
15	Public support percentage from 2007 Sc	· ·				15	
16a	33% % support test—2008. If the organiand stop here. The organization qualifies	s as a publicly s	supported organ	nization			▶ ☑
b	33% % support test—2007. If the organic box and stop here. The organization qua						
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum organization meets the "facts-and-circum organization meets the "facts-and-circum organization meets the "facts-and-circum organization organ	acts-and-circur	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b	10%-facts-and-circumstances test—2007 more, and if the organization meets the organization meets the facts-and-circumstance for the organization distribution of the organization distribution of the organization distribution of the organization distribution of the organization of the or	facts-and-circum ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here . cly supported or	Explain in Part ganization	IV how the
18	Private foundation. If the organization did	i not check a bo	ox on line 13, 16	a, 100, 1/a, or	I / D, CHECK THIS	DOX and see ins	tructions 🕨 📙

	tule A (Form 990 or 990-EZ) 2008 t III Support Schedule for Orga)(2)		Page
	(Complete only if you checke	ed the box or	line 9 of Pa	rt I.)			
	tion A. Public Support	(-) 0004	(h.) 000F	(-) 000C	(-n 0007	(1) 0000	40 T-4-1
Ç	elendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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				<u></u>		
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
Ь	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b]
8	Public support (Subtract line 7c from line 6.)		. w	aro *~ ** * 2 .			
	tion B. Total Support					· · · · · · · · · · · · · · · · · · ·	
Ca	nlendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 0a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for torganization, check this box and stop	the organization here poort Percer	<u> </u>	nd, third, fourth	n, or fifth tax y	ear as a sectio	on 501(c)(3) ▶

	sources		 	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			
C	Add lines 10a and 10b		<u> </u>	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			
13	Total support. (Add lines 9, 10c, 11, and 12.)	State of the state		<u>इ</u> . इस
14		the organization's first, second, third, fourth, or fifth tax		. 🗀
Sec	tion C. Computation of Public Su	pport Percentage		
Sec	Public support percentage for 2008 (lin	e 8, column (f) divided by line 13, column (f))	15	%
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 S	ne 8, column (f) divided by line 13, column (f))	15 16	% %
15 16	Public support percentage for 2008 (lin	ne 8, column (f) divided by line 13, column (f))		
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 Stion D. Computation of Investmen	ne 8, column (f) divided by line 13, column (f))	16	%
15 16 Sec	Public support percentage for 2008 (lin Public support percentage from 2007 Stion D. Computation of Investmen	ne 8, column (f) divided by line 13, column (f))	16	%
15 16 Sec 17	Public support percentage for 2008 (line Public support percentage from 2007 stion D. Computation of Investment Investment income percentage for 2008 Investment income percentage from 20 33% % support tests – 2008. If the organization of the support tests – 2008.	ne 8, column (f) divided by line 13, column (f))	16 17 18 more th	% % % an 33%%, and line
15 16 Sec 17 18	Public support percentage for 2008 (lin Public support percentage from 2007 stion D. Computation of Investment Investment income percentage for 200 Investment income percentage from 20 33% % support tests – 2008. If the organ 17 is not more than 33% %, check this b 33% % support tests – 2007. If the organ	te 8, column (f) divided by line 13, column (f))	16 17 18 more th suppor	% % % an 33%%, and line ted organization In the than 33%%, and
15 16 Sec 17 18 19a	Public support percentage for 2008 (line Public support percentage from 2007 Stion D. Computation of Investment Investment income percentage from 2001 Investment income percentage from 2001 Investment income percentage from 2001 State of the support tests—2008. If the organism 17 is not more than 33% %, check this but 33% % support tests—2007. If the organism 18 is not more than 33% %, check this	te 8, column (f) divided by line 13, column (f)) Schedule A, Part IV-A, line 27g	17 18 more th suppor	% % an 33½%, and line ted organization ▶ □ ore than 33½%, and ted organization ▶ □
15 16 Sec 17 18 19a	Public support percentage for 2008 (line Public support percentage from 2007 Stion D. Computation of Investment Investment income percentage from 2001 Investment income percentage from 2001 Investment income percentage from 2001 State of the support tests—2008. If the organism 17 is not more than 33% %, check this but 33% % support tests—2007. If the organism 18 is not more than 33% %, check this	Be 8, column (f) divided by line 13, column (f))	17 18 more th support 16 is more support support	% % an 33½%, and line ted organization ▶ □ ore than 33½%, and ted organization ▶ □

	orm 990 or 990-EZ) 2008 Page	
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)	_

	· 	
		••

SCHEDULE D (Form 990)

Supplemental Financial Statements

20**08**

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name	e of the organization		Employer identification number
The	Woods Hole Research Center, Inc.		04 3005094
Pai	Organizations Maintaining Donor Advised Funds or Other the organization answered "Yes" to Form 990, Part IV, line 6		eds or Accounts. Complete if
	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year , , , .		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year) .		· · · · · · · · · · · · · · · · · · ·
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the funds are the organization's property, subject to the organization's exclusion.		
6	Did the organization inform all grantees, donors, and donor advisors in wrused only for charitable purposes and not for the benefit of the donor or cimpermissible private benefit?	donor advisor o	or other
Pai	rt II Conservation Easements. Complete if the organization answe	red "Yes" to I	Form 990, Part IV, line 7.
1 2		Preservation of Preservation of	i an historically important land area of certified historic structure
_	on the last day of the tax year.	,000,111,010,101	Held at the End of the Year
_	Tabel sounds or of companyation accompany		
a	Total number of conservation easements		· ·
b	Total acreage restricted by conservation easements		· ·
C	Number of conservation easements on a certified historic structure include		
d	Number of conservation easements included in (c) acquired after 8/17/06		
3	Number of conservation easements modified, transferred, released, exting the taxable year ▶		
4	Number of states where property subject to conservation easement is local		
5	Does the organization have a written policy regarding the periodic monitor enforcement of the conservation easements it holds?		L Yes L No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing eas	-	
8	Does each conservation easement reported on line 2(d) above satisfy the 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIV, describe how the organization reports conservation easements balance sheet, and include, if applicable, the text of the footnote to the orthe organization's accounting for conservation easements.	ganization's fir	nancial statements that describes
Pa	rt III Organizations Maintaining Collections of Art, Historical Trea Complete if the organization answered "Yes" to Form 990, Part	asures, or Ot : IV, line 8.	ther Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in art, historical treasures, or other similar assets held for public exhibition, eduprovide, in Part XIV, the text of the footnote to its financial statements that	ication, or rese	arch in furtherance of public service,
b	If the organization elected, as permitted under SFAS 116, to report in its rehistorical treasures, or other similar assets held for public exhibition, educ provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1	ation, or resea	rch in furtherance of public service, > \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or of following amounts required to be reported under SFAS 116 relating to the	se items:	•
a b	Revenues included in Form 990, Part VIII, line 1		

Page	2

Schedule D	(Form	990	2008
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Par	t III Organizations Maintaini	ng Collections	of Art, Hi	storica	i Treasures,	or O	her Similar A	sets (contir	nued)
3	Using the organization's accession items (check all that apply):	and other record	s, check a	any of th	ne following ti	hat are	a significant u	se of its coll	ection
а	Public exhibition		d	L	oan or exchai	nge pr	ograms		
b	Scholarly research		е		ther				
C	Preservation for future generat	ions							
4	Provide a description of the organiz Part XIV.	ation's collection	s and exp	lain how	they further	the or	ganization's exe	empt purpose	e in
5	During the year, did the organization sassets to be sold to raise funds rather	solicit or receive de r than to be mainta	onations o ained as p	fart, hist art of the	torical treasure e organization	s, or o	other similar ction?	Yes [] No
Par	Trust, Escrow and Custo Part IV, line 9, or reported					n answ	vered "Yes" to	Form 990,	
1a	Is the organization an agent, trusted included on Form 990, Part X?	e, custodian or of	ther intern	nediary f	or contributio	ons or	other assets no	t Yes [□No
b	If "Yes," explain the arrangement in	Part XIV and cor	mplete the	following	ng table:				
						<u></u>	Aı	nount	
С	Beginning balance					1c		···	
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					11			
2a	Did the organization include an amount	ount on Form 990), Part X, I	line 21?				Yes [☐ No
b	If "Yes," explain the arrangement in	Part XIV.							
Par	rt V Endowment Funds. Co	mplete if organi	zation ar	rswerec	"Yes" to Fo				
		(a) Current year	(b) Pric	or year	(c) Two years		d) Three years back	(e) Four year	s back
1a	Beginning of year balance	3,648,001	-43						
ь	Contributions	21,400			3			1	· · · · · · · · · · · · · · · · · · ·
С	Investment earnings or losses	-34,869	Ģ `,,			· .	3		73
d	Grants or scholarships		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 - Fri 1 2 5	18 July 18 18 18 18 18 18 18 18 18 18 18 18 18		x) A	197	
е	Other expenditures for facilities								-S
	and programs				《诗篇》以	. : ¹ / ₂ 2 .		San Santa Andrea	
f	Administrative expenses				74.				
g	End of year balance	3,634,532	A 38		多少数少别	- 1		· · · · · · · · · · · · · · · · · · ·	153
2	Provide the estimated percentage of	f the year end ba	lance hele	das:					
а	Board designated or quasi-endowm								
ь	Permanent endowment ▶ 100								
С	Term endowment ▶0 %								
3a	Are there endowment funds not in th		he organiz	ation tha	at are held and	d admi	nistered for the		
	organization by:		: 3-					Yes	
	(i) unrelated organizations							3a(i)	1
	(ii) related organizations							3a(ii)	
ь	If "Yes" to 3a(ii), are the related org							3b	
4	Describe in Part XIV the intended us	ses of the organia	zation's er	ndowme	nt funds.				
Par	t VI Investments—Land, Bu	ildings, and Ed	uipment	t. See F	orm 990, Pa	rt X, li	ne 10.		
	Description of investment	(a) Cost or or (investm			st or other s (other)	(c) D	epreciation	(d) Book valu	Je
1a	Land				486,288	~ [*] ,	16 m	480	5,288
b	Buildings			9,	670,959	2,8	39,339	6,83	1,620
c	Leasehold improvements				263,855	2	18,808	4:	5,047
d	Equipment			1,	296,411	8	93,982	402	2,429
_	Other				19,900		19,900		0
Tota	il. Add lines 1a-1e. (Column (d) should e	equal Form 990, Pa	art X, colun	nn (B), lin	ю 10(c).)		▶	7,76	5,384

Part VII	Investments - Other Securities	See Form 990, Part X,	, line 12.	
(a) i	Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
Financial der	ivatives and other financial products			
	d equity interests			
Other	•			
				· · · · · · · · · · · · · · · · · · ·
				
				
			T	
***************************************				· · · · · · · · · · · · · · · · · · ·
	b) should equal Form 990, Part X, col. (B) line 12.)			()
Part VIII	Investments-Program Relate	d. See Form 990, Part X	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year ma	
	*			
				
Total (Column (b) should equal Form 990, Part X, col. (B) line 13.)			33. TEL. M. 145.
Part IX	Other Assets. See Form 990, Pa	rt X. line 15.		Para texterior Comment
		(a) Description		(b) Book value
Beneficial	interest in real estate trust asses			212,651
Bond prod	eeds held in trust - debt service res	erve		19,277
Trusteed f	unds - expenses and debt service in	terest		25,183
		·		
			· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Total. (Colui	nn (b) should equal Form 990, Part X, co	l. (B) line 15.)		257,111
Part X	Other Liabilities. See Form 990,	Part X, line 25.		
	(a) Description of liability	(b) Amount		
Federal inco			The same of the sa	1914 3 mg mg 2 6 7 8
Liability u	nder charitable gift annuity	82,80	6	
				Bland & Walder
			+ 3 % 3 %	
				如此是 10 多月
	····		十二次表表 法主义的	Marie A Sale
				
				Chipping and
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	82,80	6	

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

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	s	
	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,462,864
1	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,657,580
2 3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	9,805,284
4	Net unrealized gains (losses) on investments	4	-1,268,537
5	Donated services and use of facilities	5	
6		6	
7	Investment expenses	7	
8	Other (Describe in Part XIV)	8	-9,051
9	•	9	-1,277,588
10	Total adjustments (net). Add lines 4–8	10	8,527,696
	Reconciliation of Revenue per Audited Financial Statements With Revenue	e pe	er Return
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	, :	
	Donated services and use of facilities	٦٠	. 1
Ь	Recoveries of prior year grants	7	*
C	necoveries of prior year grants	3	
ď	Other (Describe III at XIV)	2	e -1,242,644
е	Add lines 2a through 2d	-	3 19,462,864
3	Subtract line 2e from line 1		13,402,004
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	investment expenses not included on rolling 550, Part vin, line 75	-	2
b	Other (Describe in Fast XIV)	1 4	~ -
_ C		\vdash	5 19.462.864
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		101.001
		\neg	9,692,543
1	Total expenses and losses per audited financial statements		5,032,343
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		ya.
а	Donated services and use of facilities	⊣ .	A CONTRACTOR OF THE CONTRACTOR
b		- [^	
C	Losses reported on Form 990, Part IX, line 25	┵	
d	Other (Describe in Part XIV)		
0	Add lines 2a through 2d		2e 34,964
3	Subtract line 2e from line 1	1.3	9,657,579
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		*
а	, , , , , , , , , , , , , , , , , , , ,	վ:	*
b	Other (Describe in Part XIV)		, <u>2</u>
C	Add lines 4a and 4b	4	<u> c </u>
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		<u> 9,657,579</u>
Pai	rt XIV Supplemental Information		
	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	nd 4	; Part IV, lines 1b
Pa	rt V, Line 4 - up to 5% of the total earned income of the Endowment Fund is appropriated and		
op:	erations of the Center		
Pa	rt X - this amount represents the liability under two charitable gift annuitles		
	rt XI, Line 8 - this amount represents the change in value of the two charitable gift annuities		
	rt XII, Line 2d - amount represents \$9,051 loss on the change in value of the charitable gift an	nuiti	ies, and \$34,944
of	gross rental income		
Pa	rt XIII, line 2d - amount represents expenses associated with rental income		

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

Open to Public Inspection

3005094

Department of the Treasury Internal Revenue Service Name of the organization

The Woods Hole Research Center Inc.

▶ Attach to Form 990. Complete if the organization answered "Yes" to

Form 990, Part IV, line 14b, line 15, or line 16. Employer identification number

General Information on Activities Outside the United States. Complete if the organization answered Part I "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award ☑ Yes ☐ No For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (c) Number of (d) Activities conducted in (b) Number of (e) If activity listed in (d) is (f) Total (a) Region offices in the expenditures in employees or region (by type) (i.e., a program service, region describe specific type of fundraising, program services, agents in region grants to recipients located in service(s) in region region the region) **South America** 0 1 grant making integrates research, 1,211,403 policy analysis,natural resource mgt sytems and education Sub-Saharan Africa 0 166.660 grant making organizing workshops on South-South collaboration for REDD implementation South America 0 grant making organizating work-135,100 shops on South-South collaboration for REDD implementation East Asia and Pacific 0 0 grant making grant making 17,387 1,530,550 Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ □ Use Schedule F-1 (Form 990) if additional space is needed. Schedule F (Form 990) 2008 Part II Grants a

	Use Schedule F-1 (Form 990) if additional space is needed.	tu) ir additional sp	ace is needed.				١		
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		1 4 7 Sept 10 10 10 10 10 10 10 10 10 10 10 10 10	South America	research	1,346,503	wire trnsf	0		
	A Comment of the Comm	Marsh Co. Co. Co. Co. Co. Co. Co. Co. Co. Co.	East Asia and Pacific	research	15,000	wire trnsf	0		
		A Table and a Table	Sub Saharan Africa	research	164,660	wire trnsf	0		
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Enter total number of other organizations or entities

Schedule F (Form 990) 2008

Pagé 3

Schedule F (Form 990) 2008

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance 0 wire trnsf 0 (e) Manner of cash disbursement wire trnsf (d) Amount of cash grant 115,670 22,225 (c) Number of recipients S က (b) Region Sub-Saharan Africa South America (a) Type of grant or assistance grants - scientific research grants - scientific research

Schedule F (Form 990) 2008

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information	n.
Part I Line 2 Monitoring of Grants/Subcontracts: The Chief Financial Officer and Director of Administration (CFO)	pre-
pares all subcontracts with foreign entities. These subcontracts contain a scope of work and a detailed budget pl	an.
Sub-recipients prepare and submit invoices to the CFO. The invoices are reviewed for appropriateness and comp	liance
for allowable/unallowable expenses. Supporting documents may include copies of receipts or copies of the sub-r	ecipient
accounting records. These invoices are then reviewed by the Controller and traced to the general ledger to determ	nine
eligibility for payment. The Controller also reviews invoices for compliance to line item budgets as applicable. Si	gni-
ficant variances to budget are reviewed by the CFO and Principal Investigators, and if determined necessary, repo	orted to
the prime funder in the form of a re-budget request. The Center's accounting system tracks revenues an expendit	ures on
a project or "award" basis.	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

2008 Open to Public Inspection

OMB No. 1545-0047

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
 ▶ Attach to Form 990.

Name of the organization						Employer ident	Employer identification number
The Woods Hole Research Center, Inc	r, Inc					04	3005094
Part I General Information on Grants and Assistance	on Grants and	Assistance					
 Does the organization maintain records to substantlate the amount of the grants or assistance, the grantee the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	in records to subsaward the grants cation's procedure	stantlate the amou or assistance? .	nt of the grants or as:	sistance, the grantees in the United States.	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and if	ants or assistance, ar	οN 🖂 Yes 📋 No
Part II Grants and Other Assistance to Governments Form 990, Part IV, line 21, for any recipient that Part IV and Schedule I-1 (Form 990) if additional	sistance to Go e 21, for any rec l-1 (Form 990) i	vernments and sipient that received additional space	and Organizations in the eceived more than \$5,00 space is needed	ne United States. C	and Organizations in the United States. Complete if the organization answered "Yes" on received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use space is needed	nization answered eceived more than	"Yes" on \$5,000. Use
1 (a) Name and address of organization or government	(b) EłN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
-Virginia-Polytechnic Institute Blacksburg VA 24060	546002008	501(c)(3)	19,593	0			scientific research
Boston UniversityBoston. MA 02215	042103547	501(c)(3)	57,881	0			scientific research
Dartmouth CollegeHanover. NH 03755	020222111	501(c)(3)	16,182	0			scientific research
INCEF. Washington, DC 20003	800109071	501(c)(3)	89,538	0			sclentific research
Meridian Dillon, CO	841435420	501(c)(3)	87,853	0			sclentific research
-Harvard University Cambridge MA 02138	042103580	501(c)(3)	49,615	0			sclentific research
University of Maryland	526002033	501(c)(3)	87,398	0			sclentific research
-UGA Research Foundation Athens. GA 30602	581353149	501(c)(3)	31,207	0			scientific research
-Carnegle Institution	530197008	501(c)(3)	78,756	0			sclentific research
-Shippensburg-UniversityShippensburg-PA	231352685	501(c)(3)	15,191	0			scientific research
Univ. of California Irvine Davis. CA 95616	952226406	501(c)(3)	26,109	0			sclentific research
-University of FloridaGainseville. FL 32611	596002052	501(c)(3)	53,308	0			scientific research
2 Enter total number of section 501(c)(3) and government organizations	501(c)(3) and gov	ernment organizati	suo				12

Cat No 50055P

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

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2008

| Part | | Grants al

(a) Type of grant or assistance	(b) Number of recipients	(cash grant of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
cash	8	109,937	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line	te this part to pr	ovide the information	on required in Part	\ <u>7</u>	and any other additional information.
Monitoring: The Chief Financial Officer and Director of Administration (CFO) prepares all consulting agreements and subcontracts for individuals and organizations	tor of Administra	tion (CFO) prepares	all consulting agreer	nents and subcontracts	for individuals and organizations
within the US. These documents contain a scope of work	of work and a de	stalled budget plan.	The individuals/orga	nizations prepare and su	and a detalled budget plan. The indlviduals/organizations prepare and submit invoices to the CFO. These
invoices are reviewed for appropriateness and compliance	mpliance for allo	wable/unallowable ex	penses. The Contro	lier reviews the involces	for allowable/unallowable expenses. The Controller reviews the invoices for compilance to budget line
Items. Significant variances to budget are reviewed by the		d Principal Investiga	tor, and If determine	d necessary, reported to	CFO and Principal investigator, and if determined necessary, reported to the prime funder in the form of a
re-budget request. The Center's accounting system tracks		expenditures on a project or "award" basis.		nually, applicable subco	Annually, applicable subcontract organizations are requested
to submit their A-133 reports, which are reviewed by the C	by the CFO.				
·					
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		

SCHEDULE J (Form 990)

Compensation Information

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

The Woods Hole Research Center, Inc.

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Inspection

3005094

Employer identification number

04

Pa	rt I Questions Regarding Compensation			
		,	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	74	·	
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use	;		
	☐ Travel for companions ☐ Payments for business use of personal residence	. 4		,
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees	-27	* - <u>-</u>	٠, ،
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)	1.20	e ar.t	
		2 m 2 m 2 m	,	
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or	·*·**	~ ~	
	provision of all of the expenses described above? If "No," complete Part III to explain	<u>1b</u>		-
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .	2	,	
		Ì	,	, ,
3	Indicate which, if any, of the following the organization uses to establish the compensation of the		. ,	٠ ٠.
	organization's CEO/Executive Director. Check all that apply.			4
	Compensation committee Written employment contract	,	٠.	ľ
	☐ Independent compensation consultant ☐ Compensation survey or study		·	, .
	Form 990 of other organizations Approval by the board or compensation committee	. ***	R :	
	Desire the constitution of	,, ,,		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:	4a	i >	1
a	Receive a severance payment or change of control payment?	4b		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4c		Ż
С	Participate in, or receive payment from, an equity-based compensation arrangement?	18.10	-6 to \$	1
	if tes to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Fart III.	27	ran Sai Na Arga	
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.	7	\$\frac{1}{2}\frac{1}{2	
_		惠		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:	3 6		, , ; '
а	The organization?	5a		1
	Any related organization?	5b		1
	If "Yes" to line 5a or 5b, describe in Part III.	135	u s	'. 'a .∦
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	Cay.	·	1
-	compensation contingent on the net earnings of:	م مانشان	i Unimeria.	Jacobs.
а	The organization?	6a	<u> </u>	1
b	Any related organization?	6b		1
	If "Yes" to line 6a or 6b, describe in Part III.	Ž.Ž		Liste
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed		1	ļ
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	ļ	✓
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was		1	
	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			1
	in Part III	8		√

Page 2

Schedule J (Form 990) 2008

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(f)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-2	W-2 and/or 1099-MI	and/or 1099-MISC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(l) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	beneflts	(g)-(j)(g)	reported in prior Form 990 or Form 980-EZ
John P Holdren	€ €	173,928	0	0	17,389	158	191,475	88,475
Richard A Houghton	8	151,473	0	0	15,990	19,718	187.181	73,439
Robert M. Barry	8	178,707	0	0	17,937	6,232	202,876	86,970
Eric A. Davidson	88	131,314	0	0	13,630	12,055	156,999	61,754
	88							
	88							
	€ €							
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	88							
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							Sche	Schedule J (Form 990) 2008

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990)

OMB No 1545-0047 2008

Employer Identification number Open to Public Inspection

Yes No (P) On behalf of Issuer £ ş 3005094 (g) Defeased ž Yes Yes Yes 8 (f) Description of purpose ŝ ŝ ۵ ۵ **X** Yes 2,795,000 | construction ŝ 욷 O O (e) Issue price Yes Yes ŝ ŝ (d) Date Issued 06/29/2002 0 0 Yes Yes (c) CUSIP # ĝ ŝ ⋖ (b) Issuer EIN Yes Yes member of an LLC, which owned property financed by Were the bonds issued as part of a current refunding issue? financed property which may result in private business use? Private Business Use (Optional for 2008) Was the organization a partner in a partnership, or a Massachusetts Health & Education Facilities Auth. Does the organization maintain adequate books and Has the final allocation of proceeds been made? records to support the final allocation of proceeds? Are there any lease arrangements with respect to the Proceeds in refunding or defeasance escrows Were the bonds issued as part of an advance Working capital expenditures from proceeds Bond Issues (Required for 2008) Proceeds (Optional for 2008) Capital expenditures from proceeds The Woods Hole Research Center Inc. Gross proceeds in reserve funds (a) Issuer name Year of substantlal completion Issuance costs from proceeds Other unspent proceeds Total proceeds of issue tax-exempt bonds? refunding issue? Name of the organization Part I Part III Part II 6 ⋖ ပ ø 8 ٥ 8 0 9 2 N G 4

Schedule K (Form 990) 2008

Cat No 50193E

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

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Schedule K (Form 990) 2008

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In the organization of the governmental state of the bond issue and the organization of the set and 5. Autitage (Optional for 2008)	အ	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.		%		%		%		8		%
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Schedule K (Form 990) 2008	9	Did the bond issue qualify for an exception to rebate? ,	•									
										6	Schedule K (F	orm 990) 2008

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

NonCash Contributions

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

2008

Open To Public Inspection

Employer identification number

The	Woods Hole Research Center,	Inc		04	3005094
Par	t I Types of Property				
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures	<i>z</i> 1			
3	Art—Fractional interests	1 1			
4	Books and publications				
5	Clothing and household				
-	goods				
6	Cars and other vehicles	1 1			
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded .				
10	Securities-Closely held stock .				
11	Securities-Partnership, LLC,				
	or trust interests				
12	SecuritiesMiscellaneous .				
13	Qualified conservation]			1
	contribution (historic]		i	
	structures)				
14	Qualified conservation	i I			
	contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other , ,				
18	Collectibles	ļ			
19	Food inventory	L			
20	Drugs and medical supplies .				
21	Taxidermy				
22	Historical artifacts	ļ			
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (.equipment)	<u> </u>	20	260,746	fair value
26	Other ► ()				
27	Other > ()			-	
28	Other ▶ ()			1	
29	Number of Forms 8283 received				29 0
	which the organization complet	ed Form 82	83, Part IV, Donee Acknow	wledgement	29 0 Yes No
					\$50 July 1878
30a	During the year, did the organize				
	it must hold for at least three y			oution, and which is not rec	quired to be 30a
	used for exempt purposes for t				JOA V
b	If "Yes," describe the arrangem				
31	Does the organization have	a gift accer	ptance policy that requir	es the review of any no	n-standard
	contributions?				
32a	Does the organization hire or u	•	-	ns to solicit, process, or so	ell noncash 32a ✓
_	contributions?				Jea ▼
	If "Yes," describe in Part II.			ana ana ana ana ana ana ana ana ana ana	
33	If the organization did not report	revenues in	column (c) for a type of pr	operty for which column (a)	IS CHECKED,

ichedule M	Form 990) 2008 Pa	age 2
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30 32b, and 33. Also complete this part for any additional information.	b,
l ine 25:	computer and research equipment	
Line 25.	computer and research equipment	
••••••		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

The Woods Hole Research Center, Inc.

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Inspection
Employer identification number

3005094

04

Form 990 Part VI line 15: Compensation - The CEO/Director's compensation package is deterined and approved by the
Compensation Committee of the Board of Directors. Employee compensation is determined institutionally by establish-
ing an average annual salary increase guideline each year. Any increase above the institutional guideline must have fur-
ther justification from the supervisor. The CEO may also make equity recommendations based upon internal or external
salary and wage inequities.
Form 990 Part VI line 19: The Centers Financial Statements are available by request and through independent websites
Form 990 Part VI line 10: The Form 990 is prepared by the Controller and is reviewed by the Director of Finance/Admin-
istration and the Center's independent audit firm prior to submission. This procedure was reviewed with and agreed to
by the Center's Board.

