



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



Form 990

## Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

## A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

Check if applicable  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization  
MARINE BIOLOGICAL LABORATORY

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
7 MBL StreetRoom/suite  
City or town, state or country, and ZIP + 4  
Woods Hole, MA 02543D Employer identification number  
04-2104690E Telephone number  
(508) 289-7239

G Gross receipts \$ 95,013,375

F Name and address of principal officer  
Gary Borisy  
7 MBL Street  
Woods Hole, MA 02543H(a) Is this a group return for affiliates?  
 Yes  NoH(b) Are all affiliates included?  
 Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status  501(c) ( 3 ) ► (insert no)  4947(a)(1) or  527

J Website: ► www.mbl.edu

K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1888

M State of legal domicile MA

## Part I Summary

1 Briefly describe the organization's mission or most significant activities

INDEPENDENT SCIENCE INSTITUTION THAT UNDERTAKES THE HIGHEST LEVEL OF CREATIVE RESEARCH AND EDUCATION IN BIOLOGY, INCLUDING BIOMEDICAL AND ENVIRONMENTAL SCIENCES

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	34
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5 Total number of employees (Part V, line 2a)	5	417
6 Total number of volunteers (estimate if necessary)	6	20
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	16,399
b Net unrelated business taxable income from Form 990-T, line 34	7b	2,665

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	40,064,677	44,183,135
9 Program service revenue (Part VIII, line 2g)	10,816,402	11,947,139
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,142,379	-2,255,442
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	488,487	1,183,188
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,511,945	55,058,020

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,500,820	3,183,663
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,885,398	20,694,000
16a Professional fundraising fees (Part IX, column (A), line 11e)	135,000	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 1,118,504		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	19,537,973	19,794,047
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	41,059,191	43,671,710
19 Revenue less expenses Subtract line 18 from line 12	17,452,754	11,386,310

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	125,852,337	154,174,726
21 Total liabilities (Part X, line 26)	46,582,881	46,159,864
22 Net assets or fund balances Subtract line 21 from line 20	79,269,456	108,014,862

## Part II Signature Block

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

Sign Here

Signature of officer 2010-11-12

Gary Borisy Director &amp; CEO Date

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ►	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ►	Phone no ►

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .  Yes  No

### **Part III Statement of Program Service Accomplishments**

**1 Briefly describe the organization's mission**

INDEPENDENT SCIENCE INSTITUTION THAT UNDERTAKES THE HIGHEST LEVEL OF CREATIVE RESEARCH AND EDUCATION IN BIOLOGY, INCLUDING BIOMEDICAL AND ENVIRONMENTAL SCIENCES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
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 services?  Yes  No  
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 \$ 34,125,903 including grants of \$ 2,514,566 ) (Revenue \$ 10,517,447

MEDICAL RESEARCH, GENERAL/OTHER THE MARINE BIOLOGICAL LABORATORY MAINTAINS LABORATORIES FOR THE SCIENTIFIC STUDY AND INVESTIGATION OF A WIDE RANGE OF BIOLOGICAL STUDIES FROM BIOMEDICAL TO ECOLOGICAL RESEARCH

**4b** (Code ) (Expenses \$ 6,492,846 including grants of \$ 669,097 ) (Revenue \$ 1,429,692

EDUCATIONAL PROGRAMS THE MARINE BIOLOGICAL LABORATORY IS AN ESTABLISHED EDUCATIONAL ORGANIZATION OF BIOLOGY AND NATURAL HISTORY WITH AN INTERNATIONALLY RENOWN COURSE FACULTY AND WORLD-WIDE STUDENT POPULATION

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$

**4d** Other program services (Describe in Schedule O)

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses \$ 40,618,749

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or 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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- 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.
- 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.
- 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.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- 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? If "Yes," complete Schedule D, Part X.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No

If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

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 U.S.? If "Yes," complete Schedule F, Part II

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 U.S.? If "Yes," complete Schedule F, Part III

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

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

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

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	Yes	
2	Yes	
3		No
4	Yes	
5		
6		No
7		No
8	Yes	
9		No
10	Yes	
11	Yes	
12	Yes	
13		No
14a		No
14b	Yes	
15	Yes	
16		No
17		No
18	Yes	
19		No
20		No

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No	
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	No	
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	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No	
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)	28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	No	
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	34	Yes	
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	35	No	
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	36	No	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O			

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	<b>1a</b> 304	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 417	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
<b>4a</b>	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)?	Yes	
<b>4b</b>	If "Yes," enter the name of the foreign country <b>BF, CJ</b> See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	No	
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	No	
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	No	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	No	
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No	
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	No	
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	Yes	
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	Yes	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . .	<b>1a</b>	34	
<b>b</b> Enter the number of voting members that are independent . . .	<b>1b</b>	31	
<b>2</b> 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? . . . . .	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	Yes	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	Yes	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b> 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 . . . . .	<b>9</b>		No

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

		Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</b> 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? . . . . .	<b>10b</b>		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11</b>	Yes	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	Yes	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b> 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?			
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>		No
If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>		

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed ► MA

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) 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 interest policy, and financial statements available to the public. See Additional Data Table

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►  
 David McLean  
 7 MBLStreet  
 Woods Hole, MA 02543  
 (508) 289-7239

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 compensate any current or former officer, director, trustee or key employee.

<b>1b Total</b>	2,110,451	0	355,025
-----------------	-----------	---	---------

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **►25**

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

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
Shawmut Design & Construction 560 Harrison Ave Boston, MA 02118	Construction	10,314,712
Blue Cross Blue Shield of Mass PO Box 4701 Woburn, MA 01888	Health Insurance	2,479,086
Sodexho Operations LLC PO Box 81940 Woburn, MA 01813	Food Service	1,706,982
Tsoi Kobus Associates PO Box 845010 Boston, MA 02284	Architecture Services	1,340,957
Direct Energy Buisness PO Box 643249 Pittsburgh, PA 15264	Electric	824,612
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>►30</b>		

## **Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>					
<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 0				
<b>b</b> Membership dues . . . . .	<b>1b</b> 35,450				
<b>c</b> Fundraising events . . . . .	<b>1c</b> 26,275				
<b>d</b> Related organizations . . . . .	<b>1d</b> 0				
<b>e</b> Government grants (contributions)	<b>1e</b> 28,807,179				
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 15,314,231				
<b>g</b> Noncash contributions included in lines 1a-1f \$ 546,148					
<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		44,183,135			
<b>Program Service Revenue</b>		<b>Business Code</b>			
<b>2a</b> Education, Research, Publications		541,700	9,325,833	9,325,833	0
<b>b</b> Tuition, Dorm & Dining		611,600	1,755,445	1,755,445	0
<b>c</b> Library		519,100	16,457	16,457	0
<b>d</b> Advertising		541,800	19,847	0	19,847
<b>e</b> Rental Income		532,000	829,557	829,557	0
<b>f</b> All other program service revenue			0	0	0
<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		11,947,139			
<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .					
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			876,835	0	-3,448
<b>5</b> Royalties . . . . .			0	0	0
<b>6a</b> Gross Rents	(i) Real	(ii) Personal			
<b>b</b> Less rental expenses	1,000,000	0			
<b>c</b> Rental income or (loss)	0	0			
<b>d</b> Net rental income or (loss) . . . . .	1,000,000			0	1,000,000
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
<b>b</b> Less cost or other basis and sales expenses	36,780,356	0			
<b>c</b> Gain or (loss)	39,222,516	690,117			
<b>d</b> Net gain or (loss) . . . . .	-2,442,160	-690,117			
			-3,132,277	0	0
<b>8a</b> Gross income from fundraising events (not including \$ 26,275 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
<b>a</b>	39,130				
<b>b</b> Less direct expenses . . . . .	<b>b</b> 42,722				
<b>c</b> Net income or (loss) from fundraising events . . . . .		-3,592	0	0	-3,592
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .					
<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .					
<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>	<b>Business Code</b>				
<b>11a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .		136,912	136,912	0	0
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		136,912			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		55,058,020	12,064,204	16,399	-1,205,718

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,118,560	2,118,560		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	1,008,348	1,008,348		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	56,755	56,755		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,511,503	634,434	877,069	
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	14,006,417	13,079,119	317,455	609,843
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,250,461	1,181,126	16,899	52,436
9 Other employee benefits . . . . .	2,819,055	2,662,745	38,097	118,213
10 Payroll taxes . . . . .	1,106,564	1,045,208	14,954	46,402
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .	155,414		155,414	
c Accounting . . . . .	147,191		147,191	
d Lobbying . . . . .	77,843			77,843
e Professional fundraising See Part IV, line 17 . . . . .				
f Investment management fees . . . . .	43,464		43,464	
g Other . . . . .	1,079,975	1,075,834	1,284	2,857
12 Advertising and promotion . . . . .	78,386	76,449		1,937
13 Office expenses . . . . .	0			
14 Information technology . . . . .				
15 Royalties . . . . .	49,868	49,868		
16 Occupancy . . . . .	1,942,715	1,853,865	55,853	32,997
17 Travel . . . . .	1,393,361	1,374,782	9,108	9,471
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	408,504	384,074	14,334	10,096
20 Interest . . . . .	1,344,596	1,311,465	24,926	8,205
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .	3,818,279	3,738,613	63,014	16,652
23 Insurance . . . . .	557,608	524,261	19,566	13,781
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 Subcontracts	1,605,085	1,605,085	0	0
b Serials	1,019,743	1,015,647	2,316	1,780
c Internal Direc Charges	0	65,275	-51,738	-13,537
d Equipment Rental & Maintenance	642,537	613,236	17,192	12,109
e Supplies	3,262,091	3,170,878	52,942	38,271
f All other expenses	2,167,387	1,973,122	115,117	79,148
25 <b>Total functional expenses.</b> Add lines 1 through 24f	43,671,710	40,618,749	1,934,457	1,118,504
26 <b>Joint costs.</b> Check here <input checked="" type="checkbox"/> 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				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	3,179,765	<b>1</b> 2,281,206
	<b>2</b> Savings and temporary cash investments . . . . .	325,100	<b>2</b> 393,260
	<b>3</b> Pledges and grants receivable, net . . . . .	22,882,591	<b>3</b> 23,737,316
	<b>4</b> Accounts receivable, net . . . . .	610,859	<b>4</b> 773,307
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	331,625	<b>5</b> 331,625
	<b>6</b> 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 . . . . .	6	
	<b>7</b> Notes and loans receivable, net . . . . .	117,500	<b>7</b> 117,500
	<b>8</b> Inventories for sale or use . . . . .	449,125	<b>8</b> 129,661
	<b>9</b> Prepaid expenses and deferred charges . . . . .	185,363	<b>9</b> 238,398
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	103,976,429
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b>	42,486,904
		50,577,522	<b>10c</b> 61,489,525
	<b>11</b> Investments—publicly traded securities . . . . .	32,209,937	<b>11</b> 48,493,743
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	14,514,219	<b>12</b> 15,729,150
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	13	
	<b>14</b> Intangible assets . . . . .	14	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	468,731	<b>15</b> 460,035
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	125,852,337	<b>16</b> 154,174,726
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	2,823,592	<b>17</b> 6,166,771
	<b>18</b> Grants payable . . . . .	18	
	<b>19</b> Deferred revenue . . . . .	2,167,494	<b>19</b> 3,243,868
	<b>20</b> Tax-exempt bond liabilities . . . . .	33,335,000	<b>20</b> 32,645,000
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	21	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	24	
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .	8,256,795	<b>25</b> 4,104,225
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	46,582,881	<b>26</b> 46,159,864
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets . . . . .	12,792,891	<b>27</b> 34,939,236
	<b>28</b> Temporarily restricted net assets . . . . .	30,189,426	<b>28</b> 32,937,516
	<b>29</b> Permanently restricted net assets . . . . .	36,287,139	<b>29</b> 40,138,110
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	30	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	32	
	<b>33</b> Total net assets or fund balances . . . . .	79,269,456	<b>33</b> 108,014,862
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	125,852,337	<b>34</b> 154,174,726

**Part XI Financial Statements and Reporting**

**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," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . .

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
 Separate basis       Consolidated basis       Both consolidated and separated basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

2009

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
MARINE BIOLOGICAL LABORATORY

Employer identification number

04-2104690

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

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

1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	23,709,281	29,437,858	31,592,466	40,131,500	44,183,135	169,054,240
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 <b>Total.</b> Add lines 1 through 3	23,709,281	29,437,858	31,592,466	40,131,500	44,183,135	169,054,240
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)						26,532,280
6 <b>Public Support.</b> Subtract line 5 from line 4						142,521,960

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	23,709,281	1,072,775	31,592,466	40,131,500	44,183,135	169,054,240
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	868,148	1,072,775	1,370,796	1,241,598	1,924,022	6,477,339
9 Net income from unrelated business activities, whether or not the business is regularly carried on	86,053	65,829	45,912	3,428	2,665	203,887
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,170,653	364,044	722,860	488,487	133,320	2,879,364
11 <b>Total support</b> (Add lines 7 through 10)						178,614,830
12 Gross receipts from related activities, etc (See instructions)					12	47,482,778
13 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	79 793 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	81 75 %
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b <b>33 1/3% support test—2008.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input checked="" type="checkbox"/>

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2008 Schedule A, Part III, line 15	16

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18
<b>19a 33 1/3% support tests—2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b 33 1/3% support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

**Part IV** **Supplemental Information.** 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

---

---

**Explanation**

---

Other Income shows Miscellaneous activity

---

---

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2009****Open to Public  
Inspection****For Organizations Exempt From Income Tax Under section 501(c) and section 527**► Complete if the organization is described below.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.**If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then**

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then**

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

Name of the organization  
MARINE BIOLOGICAL LABORATORY

Employer identification number

04-2104690

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

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

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

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

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

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

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

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

**A** Check  if the filing organization belongs to an affiliated group  
**B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

**g** Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes  No**4-Year Averaging Period Under Section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	
			Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,343
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		76,500
<b>j</b> Total lines 1c through 1i			77,843
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Identifier	Return Reference	Explanation
SchC_P2B_S00_L01	Schedule C, Part II-B, Line 1	The MBL hired a consultant to contact various people/agencies regarding MBL funding

**SCHEDULE D**

(Form 990)

**Supplemental Financial Statements****2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

**Name of the organization**

MARINE BIOLOGICAL LABORATORY

**Employer identification number**

04-2104690

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_ 0

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_ 0

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_ 0

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_ 0

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

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

a  Public exhibition

d  Loan or exchange programs

b  Scholarly research

e  Other

c  Preservation for future generations

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .	41,947,345	56,431,934			
b Contributions . . . . .	8,420,117	3,980,756			
c Investment earnings or losses . . . . .	11,257,536	-14,866,571			
d Grants or scholarships . . . . .	2,361,449	2,579,808			
e Other expenditures for facilities and programs . . . . .	4,256,315	1,018,966			
f Administrative expenses . . . . .	0	0			
g End of year balance . . . . .	55,007,234	41,947,345			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 13 67 % %

b Permanent endowment ► 73 46 % %

c Term endowment ► 12 87 % %

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

(i) unrelated organizations . . . . .  Yes  No

(ii) related organizations . . . . .  Yes  No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

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

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

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		0	3,115,013		3,115,013
b Buildings . . . . .		0	72,496,403	34,021,746	38,474,657
c Leasehold improvements . . . . .		0	0	0	0
d Equipment . . . . .		0	14,517,724	7,622,993	6,894,731
e Other . . . . .		0	13,847,289	842,165	13,005,124
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					61,489,525

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
ABSOLUTE RETURN HEDGE FUND	5,148,255	F
LONG SHORT EQUITY HEDGE FUNDS	4,076,459	F
OTHER HEDGE FUNDS	6,278,720	F
PRIVATE EQUITY	225,716	F
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12) ►	<b>15,729,150</b>	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13) ►		

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

(a) Description	(b) Book value
Bond Issue Costs	214,815
Charitable Remainder Trusts	245,220
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) ►	<b>460,035</b>

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	0
Swap Agreement Liability	1,818,606
Future Program Resources	393,260
Annuities and Unitrusts Payable	633,172
Advances on Contracts - Long Term	767,302
Liability of Post Retirement Benefits	491,885
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25) ►	<b>4,104,225</b>

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	55,058,020
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	43,671,710
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,386,310
4	Net unrealized gains (losses) on investments	4	12,999,281
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	4,359,815
9	Total adjustments (net) Add lines 4 - 8	9	17,359,096
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	28,745,406

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

1	Total revenue, gains, and other support per audited financial statements	1	72,419,838
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	12,999,281
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV)	2d	4,362,537
e	Add lines 2a through 2d	2e	17,361,818
3	Subtract line 2e from line 1	3	55,058,020
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	55,058,020

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

1	Total expenses and losses per audited financial statements	1	43,674,432
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV)	2d	2,722
e	Add lines 2a through 2d	2e	2,722
3	Subtract line 2e from line 1	3	43,671,710
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIV)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	43,671,710

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SchD_P03_S00_L04	Schedule D, Part III, Line 4	RARE BOOKS, JOURNALS AND PRINTS LOCATED AND USED IN THE MBL LIBRARY FOR RESEARCH AND PRESERVATION
SchD_P05_S00_L04	Schedule D, Part V, Line 4	THE ENDOWMENT FUNDS WERE ESTABLISHED FOR A VARIETY OF PURPOSES, RESEARCH, SCHOLARSHIPS, LIBRARY, PLANT AND UNRESTRICTED
SchD_P10_S00_L00	Schedule D, Part X	NA
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	PV ANNUITIES ADJUSTMENT (43,234) CHANGE IN INTEREST SWAP RATE 3,977,885 CHANGE IN PERIODIC PENSION COSTS 385,164 DIRECTORS HOUSING 40,000
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	LESS SPECIAL EVENT EXPENSE OF (42,722) ADD BACK THE PV ADJUSTMENT ANNUITIES 43,234 LESS THE CHANGE IN INTEREST RATE SWAP (3,977,885) LESS CHANGE IN PERIODIC PENSION COSTS(385,164)
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	SPECIAL EVENT EXPENSE DEDUCTED FROM SPECIAL EVENT REVENUE 42,722 DIRECTORS HOUSING VALUE, W2 ONLY (40,000)

2009

Open to Public  
InspectionSCHEDULE F  
(Form 990)Department of the Treasury  
Internal Revenue Service

## Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.

Name of the organization

MARINE BIOLOGICAL LABORATORY

Employer identification number

04-2104690

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 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 the grants or assistance? . . . . .  Yes  No

**2 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 )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (including Iceland and Greenland)	0	0	Program Services	TRAVEL RELATED TO RESEARCH ACTIVITY	146,870
Russia and the newly independent States	0	0	Program Services	TRAVEL RELATED TO RESEARCH ACTIVITY	1,072
South Asia	0	0	Program Services	TRAVEL RELATED TO RESEARCH ACTIVITY	4,722
East Asia and the Pacific	0	0	Program Services	TRAVEL RELATED TO RESEARCH ACTIVITY	24,122
Central America and the Caribbean	0	0	Program Services	TRAVEL RELATED TO RESEARCH ACTIVITY	5,142
South America	0	0	Program Services	TRAVEL RELATED TO RESEARCH ACTIVITY	24,573
Middle East and North Africa	0	0	Program Services	TRAVEL RELATED TO RESEARCH ACTIVITY	14,052
Sub-Saharan Africa	0	0	Program Services	TRAVEL RELATED TO RESEARCH ACTIVITY	3,958
North America (including Canada and Mexico, but not the United States)	0	0	Program Services	TRAVEL RELATED TO RESEARCH	8,908
Europe (including Iceland and Greenland)	0	0	Grantmaking	Research grant subcontract	50,755
South America	0	0	Grantmaking	Research grant subcontract	6,000
<b>Totals . . . . . ►</b>	<b>0</b>	<b>0</b>			<b>290,174</b>

**Part II 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 . . . . .

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ► 2

**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.

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

# Supplemental Information Regarding Fundraising or Gaming Activities

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
MARINE BIOLOGICAL LABORATORY

Employer identification number

04-2104690

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

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

<b>a</b>	<input type="checkbox"/> Mail solicitations	<b>e</b>	<input type="checkbox"/> Solicitation of non-government grants
<b>b</b>	<input type="checkbox"/> Internet and e-mail solicitations	<b>f</b>	<input type="checkbox"/> Solicitation of government grants
<b>c</b>	<input type="checkbox"/> Phone solicitations	<b>g</b>	<input type="checkbox"/> Special fundraising events
<b>d</b>	<input type="checkbox"/> In-person solicitations		

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

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

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

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>GALA PERFORMANCE</b> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .	65,405			65,405
	2 Less Charitable contributions . . .	26,275			26,275
	3 Gross income (line 1 minus line 2) . . .	39,130			39,130
Direct Expenses	4 Cash prizes . . .	0			0
	5 Non-cash prizes . . .	0			0
	6 Rent/facility costs . . .	4,441			4,441
	7 Food and beverages . . .	0			0
	8 Entertainment . . .	0			0
	9 Other direct expenses . .	38,281			38,281
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				42,722
	11 Net income summary Combine lines 3, column d, and line 10. . . . .				-3,592

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

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

9 Enter the state(s) in which the organization operates gaming activities . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	<b>10a</b>	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	<b>11</b>	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<b>12</b>	

	<b>Yes</b>	<b>No</b>
<b>13</b> Indicate the percentage of gaming activity operated in	<b>13a</b>	<b>13b</b>
<b>a</b> The organization's facility . . . . .	. . . . .	. . . . .
<b>b</b> An outside facility . . . . .	. . . . .	. . . . .
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	. . . . .
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b> If "Yes," enter name and address		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b> Mandatory distributions		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	. . . . .
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____	. . . . .	. . . . .

Schedule I  
(Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

2009

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

► Attach to Form 990

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

MARINE BIOLOGICAL LABORATORY

Employer identification number

04-2104690

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ►

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ► 37

3 Enter total number of other organizations . . . . . ► 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FELLOWSHIPS	26	339,251			
SCHOLARSHIPS	226	669,097			
See Additional Data Table					

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

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	THE GRANTS ACCOUNTANT AND CONTROLLER OVERSEE ALL GRANT, CONTRACT, OR COOPERATIVE AGREEMENT AWARDS COMPLIANCE. THIS INCLUDES ESTABLISHING A NEW JOB CENTER FOR EACH AWARD, RECONCILING ALLOWABLE EXPENSES TO THE SPONSOR'S REQUIREMENTS, ACCOUNTING OF ALL COSTS ON ACTIVE AWARDS, ENSURING GRANT, CONTRACT OR COOPERATIVE AGREEMENT EXPENSES DO NOT EXCEED THE AWARD REVENUES, COMPLETING ALL BILLING TO GOVERNMENT AND PRIVATE AGENCIES, AND COMPLETING A FINANCIAL CLOSE-OUT OF ALL FINISHED AWARDS ASSURING PROPER REPORTING TO FEDERAL AND NON-FEDERAL AGENCIES

**Software ID:** 09000073  
**Software Version:** v1.00  
**EIN:** 04-2104690  
**Name:** MARINE BIOLOGICAL LABORATORY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
University of S Carolina901 Summer St Columbia, SC 29208	57-0967350	501(C)3	63,867	0			Research
Mass Audubon Society208 S Great Rd Lincoln, MA 01773	04-2104702	501(C)3	5,540				Research
University of TexasPO Box 7726 Austin, TX 78713	74-6000203	501(C)3	7,339				Research
University of Illinois506 S Wright St 182 Admin Bldg Urbana, IL 61801	37-6000511	501(C)3	38,607				Research
Rutgers University3 Rutgers Plaza 2nd Floor New Brunswick, NJ 08901	22-6001086	501(C)3	184,957				Research
Brown University164 Angell St Providence, RI 02912	05-0258809	501(C)3	101,716				Research
University of Connecticut263 Farmington Ave Farmington, CT 06030	06-0772160	501(C)3	76,903				Research
Polar Ocean RGPO Box 368 Sheridan, MT 59749	81-0536140	501(C)3	284,628				Research
Virginia Institute of Marine StudiesPO Box 1346 Gloucester Point, VA 23062	54-6001718	501(C)3	70,001				Research
Scripps Institute9500 GILMAN DRIVE LA JOLLA, CA 92093	95-1642394	501(c)3	42,454	0	0	0	Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Lamont Doherty Earth Observ 1210 Amsterdam Ave New York, NY 10027	13-5598093	501(C)3	68,244				Research
University of Georgia Research Foundation 475 N Lumpkin St Athens, GA 30602	58-1353149	501(C)3	85,966				Research
University of Massachusetts 70 Butterfield Terrace Amherst, MA 01003	04-3167352	501(C)3	29,984				Research
Massachusetts Institute of Technology 77 Mass Avenue Cambridge, MA 02139	04-2103594	501(C)3	14,551				Research
University of New Hampshire 51 College Road Durham, NH 03824	02-6000937	501(C)3	35,832				Research
WHOI 221 Oyster Pond Road Woods Hole, MA 02543	04-2105850	501(C)3	63,287				Research
University of Washington 12455 Collections Drive Chicago, IL 60693	91-6001537	501(C)3	21,290				Research
University of North Carolina PO Box 402420 Atlanta, GA 303842420	56-6001393		54,346				Research
University of Virginia 1001 N Emmit Street Charlottesville, VA 22904	54-6001796	501(C)3	48,965				Research
Marthas Vineyard Shellfish Group PO BOX 1552 Great Pond II Oak Bluffs, MA 025571552	04-2612898	501(C)3	9,620				Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
Mt SinaiOne Gustave L Levy Place Box 1075 New York, NY 100296574	13-6171197	501(c)(3)	36,873				Research
Foundation of CSU Monterey 100 Campus Center Seaside, CA 93955	77-0387459	501(C)3	17,515				research
University of Michigan 1015LSA Ann Arbor, MI 48109	38-6006309	501(C)3	272,873				research
Harvard UniversityPO BOX 415619 Boston, MA 022415649	04-2103580	501(c)(3)	56,356				research
Lehigh University526 Brodhead Ave Bethlehem, PA 180153046	24-0795445	501(c)(3)	14,636				
University of California Santa Cruz1156 High Street Santa Cruz, CA 95064	04-2105850	501(c)(3)	40,404				Research
Clark University950 Main Street Worcester, MA 016101477	04-2111203	501(c)(3)	27,365				Research
Northeastern University405 Lake Hall 360 Huntington Ave Boston, MA 021155000	04-2167244	501(c)(3)	21,978				Research
American Psychological Association750 First Street NE Washington, DC 200024242	53-0205890	501(c)(3)	9,130				Research
Education Development Center Inc55 Chapel Street Newton, MA 024580160	04-2241718	501(C)3	17,584				Research

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
Utah State University 2400 old Main Hill Logan, UT 84322	87-6000052	501(C)3	32,173				Research
Duke University 334 North Building Durham, NC 27708	56-0532129	501(C)3	58,115				Research
University of Vermont 85 South Prospect Street 340 Waterman Bldg Burlington, VT 054050160	03-0179440		69,049				Research
University of Chicago 970 East 58th Street Chicago, IL 60637	36-2177139		21,088				Research
Research Foundation of CUNY 230 W 41st Street New York, NY 10036	13-1988190	501(C)3	83,325				Research
University of Rhode Island 70 Lower College Road Kingston, RI 02881	05-6000522		10,279				research
US Geological Survey Administrative Officer PO Box 25046 MS 410 Denver, CO 80225	53-0196958	Government Entity	21,717				Research

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**  
**► Attach to Form 990. ► See separate instructions.**

**Name of the organization**

MARINE BIOLOGICAL LABORATORY

**Employer identification number**

04-2104690

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**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?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Gary Borisy	(i) 300,000 (ii) 0	0	40,000	24,500	14,926	379,426	0
Joshua Hamilton	(i) 225,000 (ii) 0	0	0	22,500	15,183	262,683	0
Homer Lane	(i) 143,091 (ii) 0	0	0	14,309	14,395	171,795	0
Mitchell Sogin	(i) 201,269 (ii) 0	0	0	14,309	20,877	236,455	0
Hugh Ducklow	(i) 192,816 (ii) 0	0	0	19,982	13,968	226,766	0
Jerry Melillo	(i) 199,344 (ii) 0	0	0	19,934	15,100	234,378	0
Roger Hanlon	(i) 166,945 (ii) 0	0	0	16,694	14,992	198,631	0
Bruce Peterson	(i) 163,856 (ii) 0	0	0	16,386	7,597	187,839	0
David Patterson	(i) 151,709 (ii) 0	0	0	15,171	14,781	181,661	0
Gaius Shaver	(i) 150,153 (ii) 0	0	0	15,015	14,815	179,983	0
Anton Post	(i) 148,179 (ii) 0	0	0	14,818	14,773	177,770	0

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	THE DIRECTOR/CEO IS PROVIDED HOUSING AS PART OF HIS COMPENSATION PACKAGE THE VALUE OF THE HOUSING IS COMPUTED AT MARKET RATE AND INCLUDED IN HIS W-2

**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Name of the organization

MARINE BIOLOGICAL LABORATORY

Employer identification number

04-2104690

**Part I Bond Issues**

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased	(h) On Behalf of Issuer		
							Yes	No	Yes	No
<b>A</b>	Massachusetts Development Finance Agency Series 2006	04-3431814	57583RFL4	04-26-2006	34,000,000	Renovation of Facilities and refunding		X		X

**Part II Proceeds**

	A	B	C	D	E
<b>1</b>	Total proceeds of issue	34,500,092			
<b>2</b>	Gross proceeds in reserve funds	0			
<b>3</b>	Proceeds in refunding or defeasance escrows	0			
<b>4</b>	Other unspent proceeds	0			
<b>5</b>	Issuance costs from proceeds	0			
<b>6</b>	Working capital expenditures from proceeds	0			
<b>7</b>	Capital expenditures from proceeds	18,825,538			
<b>8</b>	Year of substantial completion	2008			

	Yes	No								
<b>9</b>		X								
<b>10</b>	X									
<b>11</b>	X									
<b>12</b>	X									

**Part III Private Business Use**

	A	B	C	D	E
	Yes	No	Yes	No	Yes
<b>1</b>		X			
<b>2</b>	X				

**Part III Private Business Use (Continued)**

	A	B	C	D	E					
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government			3 1 %							
5 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			0 2 %							
6 Total of lines 4 and 5			3 3 %							
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X								

**Part IV Arbitrage**

	A	B	C	D	E					
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2 Is the bond issue a variable rate issue?		X								
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b Name of provider			Morgan Stanley							
c Term of hedge				30 3						
4a Were gross proceeds invested in a GIC?		X								
b Name of provider			Trans America							
c Term of GIC				1 5						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X								
5 Were any gross proceeds invested beyond an available temporary period?		X								
6 Did the bond issue qualify for an exception to rebate?		X								

**Schedule L**  
(Form 990 or 990-EZ)**Transactions with Interested Persons**

OMB No 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38a or 40b.

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

**Name of the organization**  
MARINE BIOLOGICAL LABORATORY**Employer identification number**

04-2104690

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?
			Yes      No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ► \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?	(c) Original principal amount	(d) Balance due	(e) In default?	(f)		(g) Written agreement?
					To	From	
Hugh Ducklow Second Mortgage	X	157,250	165,566	No	Yes	No	Yes
Johshua Hamilton Second Mortgage	X	174,375	182,348	No	Yes	No	Yes
Anton Post Second Mortgage	X	117,500	122,856	No	Yes	No	Yes
Total			► \$ 470,770				

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
-------------------------------	---	---

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Kenneth Johns officer of for profit	Kenneth Johns is an MBL trustee	1,000,000	Kenneth Johns is CEO of Dart Neuroscience LLC that rented lab space at the MBL during 2009	Yes	No
Mary Lane	Spouse of CFO Homer Lane	12,622	Mary Lane was the MBL Childrens summer program Director in 2009	Yes	No

SCHEDULE M  
(Form 990)

## NonCash Contributions

OMB No 1545-0047

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service►Complete if the organization answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.Name of the organization  
MARINE BIOLOGICAL LABORATORY

Employer identification number

04-2104690

## Part 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 . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	1	4,000	BLUE BOOK VALUE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	18	408,655	PUBLICLY TRADED
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .	X	1	120,000	APPRAISAL
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
RESEARCH				
25 Other ►( EQUIPMENT ) . . . . .	X	141	13,493	MARKET VALUE
26 Other ►( _____ ) . . . . .				
27 Other ►( _____ ) . . . . .				
28 Other ►( _____ ) . . . . .				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .		29		0

Yes No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it  
must hold for at least three years from the date of the initial contribution, and which is not required to be used  
for exempt purposes for the entire holding period? . . . . .

30a Yes No

b If "Yes," describe the arrangement in Part II

31 Yes

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash  
contributions? . . . . .

32a Yes

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
SchM_P01_S00_L32b	Schedule M, Part I, Line 32b	STOCK DONATIONS ARE RECEIVED IN THE MBL'S MORGAN STANLEY SMITH BARNEY ACCOUNT AND SOLD AS SOON AS POSSIBLE BY MORGAN STANLEY SMITH BARNEY

2009

Open to Public  
Inspection**SCHEDULE O**  
(Form 990)**Supplemental Information to Form 990**

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
MARINE BIOLOGICAL LABORATORY

Employer identification number  
04-2104690

Identifier	Return Reference	Explanation
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	325 CORPORATION MEMBERS THAT ARE NOMINATED BY THE SCIENCE COUNCIL AND ELECTED AT THE ANNUAL OR SPECIAL MEETINGS BY THE MEMBERS UNTIL DEATH OR RESIGNATION THESE MEMBERS HAVE LIMITED VOTING RIGHTS REGARDING CHANGES IN THE BY-LAWS THAT ARE NORMALLY ADOPTED BY THE BOARD OF TRUSTEES BEFORE ANY VOTE BY CORPORATION MEMBERS
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	THE CHAIR OF THE SCIENCE COUNCIL IS ALSO A MEMBER OF THE GOVERNING BOARD AND ELECTED BY THE CORPORATION MEMBERS
F990_P06_S0A_L07b	Form 990, Part VI, Section A, Line 7b	THE CORPORATION MEMBERS HAVE LIMITED VOTING RIGHTS REGARDING CHANGES IN THE BY-LAWS THE BOARD MAY AMEND OR REPEAL BYLAWS EXCEPT THE REMOVAL OF TRUSTEES AND ANY PROVISIONS OF THESE BYLAWS WHICH BY LAW, THE ARTICLES OF ORGANIZATION OF THESE BYLAWS, REQUIRES ACTION BY THE MEMBERS
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	FORM 990 IS PREPARED BY THE MBL'S FINANCIAL ANALYST THEN REVIEWED BY THE CFO AND GRANT THORNTON LLP, OUR AUDIT AND TAX SERVICES FIRM A DRAFT COPY IS THEN SUBMITTED TO THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES FOR A THOROUGH REVIEW AT ONE OF THEIR MEETINGS A FINAL VERSION IS GIVEN TO ALL MEMBERS OF THE BOARD OF TRUSTEES FIVE (5) DAYS BEFORE THE FILING DATE WITH A NOTE INVITING COMMENTS AND REMINDING THE BOARD MEMBERS THAT THIS WILL BECOME A PUBLIC DOCUMENT
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	EACH JANUARY THE HUMAN RESOURCES OFFICE SENDS TO ALL EMPLOYEES THE FOLLOWING A LINK TO THE ON-LINE MBL CONFLICT OF INTEREST POLICY, A MEMO EXPLAINING THE NEED FOR ALL EMPLOYEES TO FILL OUT THE DISCLOSURE FORM, AND THE DISCLOSURE FORM ALL COURSE DIRECTORS PARTICIPATING IN MBL COURSES ALSO RECEIVE A LETTER, A COPY OF THE POLICY, AND A DISCLOSURE FORM TO RETURN THE LIST OF APPROPRIATE COURSE DIRECTORS TO RECEIVE THE CONFLICT OF INTEREST INFORMATION IS DEVELOPED BY THE OFFICE OF SPONSORED PROGRAMS THE HUMAN RESOURCES ASSISTANT MAINTAINS A LIST OF ALL PEOPLE WHO HAVE BEEN REQUESTED TO RETURN THE DISCLOSURE FORM THE DEADLINE FOR SUBMISSION IS FEBRUARY 15TH HUMAN RESOURCES FOLLOWS UP ON ALL FORMS NOT RECEIVED BY THAT TIME UNTIL THEY ARE RECEIVED THE FORM IS REVIEWED AND ULTIMATELY SIGNED OFF BY THE HUMAN RESOURCES DIRECTOR ALL FORMS DECLARING A POTENTIAL CONFLICT OF INTEREST ARE REVIEWED WITH THE MBL DIRECTOR/CEO EITHER THE DIRECTOR/CEO OR THE HUMAN RESOURCE DIRECTOR FOLLOWS UP WITH THE INDIVIDUAL REGARDING THE POSSIBLE CONFLICT, IF IT IS DETERMINED TO BE NECESSARY ALL MBL TRUSTEES ARE SENT A COPY OF THE TRUSTEE CONFLICT OF INTEREST POLICY AND DECLARATION FORM WITHIN 30 DAYS OF THEIR ELECTION TO THE BOARD AND DURING JANUARY OF EACH YEAR BY THE ASSISTANT TO THE MBL DIRECTOR/CEO THE DISCLOSURE FORM IS TO BE RETURNED NO LATER THAN FEBRUARY 15TH EACH YEAR THE DIRECTOR'S OFFICE SENDS COMPLETED FORMS TO THE CHAIRPERSON OF THE BOARD (OR IN THE CASE OF THE CHAIRPERSON'S FORM, TO THE VICE CHAIRPERSON), INCLUDING THE FORM COMPLETED BY THE MBL DIRECTOR/CEO THE AUDIT COMMITTEE OF THE BOARD IS INFORMED OF RECEIPT OF THE FORMS AND FOLLOWS UP ON DELINQUENT ONES POSSIBLE CONFLICTS OF INTEREST THAT MUST BE ADDRESSED ARE INVESTIGATED FURTHER BY THE HUMAN RESOURCES DIRECTOR AND THE CHIEF ACADEMIC & SCIENCE OFFICER THEY PRESENT A PROPOSED RESOLUTION FOR THE DIRECTOR/CEO'S APPROVAL ONCE AGREED UPON THE PERSON IS CONTACTED AND EXPLAINED THE SITUATION AND THE PROPOSED RESOLUTION ONCE THEY AGREE TO THE RESOLUTION ACTION A REVISED CONFLICT OF INTEREST FORM IS SUBMITTED ACCORDINGLY IF THE MATTER CAN NOT BE RESOLVED, IT WILL LEAD TO DISCIPLINARY ACTION IN THE CASE OF TRUSTEE'S FAILURE TO COMPLY WITH THIS POLICY MAY DISQUALIFY A PERSON FROM SERVING AS A TRUSTEE OR IF ALREADY SERVING AS A TRUSTEE, THE TRUSTEE SHALL BE SUBJECT TO REMOVAL BY A TWO-THIRDS VOTE OF THE TRUSTEES THEN IN OFFICE, PURSUANT TO THE BYLAWS IN THE CASE OF AN EMPLOYEE OF THE MARINE BIOLOGICAL LABORATORY, FAILURE TO COMPLY WITH THIS POLICY MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING DISMISSAL, SUBJECT TO AND IN ACCORDANCE WITH THE TERMS OF ANY APPLICABLE EMPLOYMENT AGREEMENT
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	THE CEO/DIRECTOR'S COMPENSATION PACKAGE IS DETERMINED AND APPROVED BY THE BOARD OF TRUSTEES AFTER HUMAN RESOURCES SUPPLIES INFORMATION ON COMPARABLE SALARIES & BENEFITS IN THE INDUSTRY INDEPENDENT SALARY DATA FROM AT LEAST TWO SOURCES ARE USED FOR DETERMINING THIS CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION IS MAINTAINED ON FILE AND WAS DONE ORIGINALLY IN APRIL 2006 WHEN THE CURRENT CEO/DIRECTOR WAS HIRED AND AGAIN IN APRIL 2009
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON THE WEBSITE FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST TO THE CFO
SchK_P01_S00_L00f	Schedule K, Part I, Column f	The 2006 bond issue was used for the renovation of facilities and the refinancing of bond issue, series 2000 for \$10,200,000 issued March 8, 2000 and the refinancing of commercial paper revenue notes for \$5,000,000 issued February 27, 2003

Identifier	Return Reference	Explanation
SchR_P05_S00_L01c	Schedule R, Part V, Line 1c	The MBL is the beneficiary of two trusts. The trusts are invested in the MBL pooled endowment and an annual draw is taken on investment income accumulated. The amount is used to support the MBL's exempt purpose

SchR\_P05\_S00\_L01k Schedule R, Part V, Line 1k The MBL is the beneficiary of two trusts. The trusts are invested in the MBL pooled Endowment. Annually the MBL takes an administration fee from the trusts for this service.

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

Cat No 51056K

Schedule O (Form 990) 2009

**SCHEDULE R  
(Form 990)****Related Organizations and Unrelated Partnerships****2009**

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

**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**  
MARINE BIOLOGICAL LABORATORY**Employer identification number**  
04-2104690**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
---	-------------------------	--	----------------------------	---	----------------------------------

MBL POST RETIREMENT HEALTH PLAN

7 MBL STREET

WOODS HOLE, MA 02543  
04-3285249

TR U A MARINE BIOLOGICAL LABORATORY

7 MBL STREET

WOODS HOLE, MA 02543  
13-6044672

TR U A MARINE BIOLOGICAL LAB Library

7 MBL STREET

WOODS HOLE, MA 02543  
13-6045011POST RETIREMENT HEALTH  
BENEFITS

MA

501(C)(9)

N/A MBL

SUPPORT

NY

4947(A) (1)

N/A TRUSTEES

SUPPORT

NY

4947(A) (1)

N/A TRUSTEES

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	TR U A MARINE BIOLOGICAL LABORATORY	c	265,463
(2)	TR U A MARINE BIOLOGICAL LABORATORY	k	29,496
(3)	TR U A MARINE BIOLOGICAL LAB Library	c	74,153
(4)	TR U A MARINE BIOLOGICAL LAB Library	k	8,239
(5)			
(6)			

**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) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
Yes	No	Yes	No	Yes	No	Yes	No

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 04-2104690  
**Name:** MARINE BIOLOGICAL LABORATORY

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
Robert Ament Trustee	1	X					0	0	0
Bruce Beal Trustee	1	X					0	0	0
Margaret Bowles Trustee	1	X					0	0	0
Mary Conrad Treasurer	1	X		X			0	0	0
Thomas Crane Trustee	1	X					0	0	0
John Dowling Trustee	1	X					0	0	0
Paul Dupree Trustee	1	X					0	0	0
Donald Faber Chair of the Science Council	1	X					0	0	0
Gerald Fink Trustee	1	X					0	0	0
Gerald Fischbach Trustee	1	X					0	0	0
L Patrick Gage Trustee	1	X					0	0	0
Robert Haselkorn Trustee	1	X					0	0	0
David Hibbitt Trustee	1	X					0	0	0
William Huyett Vice Chair of the Board	1	X		X			0	0	0
Kurt Isselbacher Trustee	1	X					0	0	0
Kenneth Johns Trustee	1	X					0	0	0
Walter Massey Trustee	1	X					0	0	0
Peter Mathiessen Trustee	1	X					0	0	0
Douglas Melton Trustee	1	X					0	0	0
Ambrose Monell Trustee	1	X					0	0	0
Ronald O'Hanley Trustee	1	X					0	0	0
R Dana Ono Trustee	1	X					0	0	0
Saul Pannell Trustee	1	X					0	0	0
Jeffrey Pierce Trustee	1	X					0	0	0
George Putnam Trustee	1	X					0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
Patricia Robertson Trustee	1	X					0	0	0
Charles Rosenthal Trustee	1	X					0	0	0
John Rowe Trustee	1	X					0	0	0
Joan Ruderman President of the Corporation	10	X		X			28,089	0	0
Walter Salmon Trustee	1	X					0	0	0
James Sharp Trustee	1	X					0	0	0
Gerald Weissmann Trustee	1	X					0	0	0
Christopher Weld Clerk of The Corporation	1	X		X			0	0	0
Gary Borisny Director and CEO	40	X		X			340,000	0	39,426
Homer Lane Chief Financial Officer	40			X			143,091	0	28,704
Joshua Hamilton Chief Academic and Science Officer	40			X			225,000	0	37,683
Mitchell Sogin Director Bay Paul Center	40			X			201,269	0	35,186
Hugh Ducklow Co Director Ecosystem	40			X			192,816	0	33,950
Jerry Melillo Co Director Ecosystem	40			X			199,344	0	35,034
Roger Hanlon Senior Scientist	40			X			166,945	0	31,686
Bruce Peterson Senior Scientist	40			X			163,856	0	23,983
Anton Post Senior Scientist	40			X			148,179	0	29,591
Gaius Shaver Senior Scientist	40			X			150,153	0	29,830
David Patterson Senior Scientist	40			X			151,709	0	29,952

**Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -**

	<b>Business Code</b>	<b>(A) Total Revenue</b>	<b>(B) Related or Exempt Function Revenue</b>	<b>(C) Unrelated Business Revenue</b>	<b>(D) Revenue Excluded from Tax under IRC 512, 513, or 514</b>
Education, Research, Publications	541,700	9,325,833	9,325,833	0	0
Tuition, Dorm & Dining	611,600	1,755,445	1,755,445		
Library	519,100	16,457	16,457		
Advertising	541,800	19,847	0	19,847	0
Rental Income	532,000	829,557	829,557	0	0

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<b><i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i></b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
Subcontracts	1,605,085	1,605,085	0	0
Serials	1,019,743	1,015,647	2,316	1,780
Internal Direc Charges	0	65,275	-51,738	-13,537
Equipment Rental & Maintenance	642,537	613,236	17,192	12,109
Supplies	3,262,091	3,170,878	52,942	38,271