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 □ Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

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

Inspection

<u>A</u>	For the	e 2010 calendar year, or tax year beginning $$	ending J	<u>JUN 30, 2011</u>	
В	Check if applicabl	C Name of organization		D Employer identified	cation number
	Addre chang	woods hole research center, inc			
	Name chang	Doing Business As		04-3	005094
	Initial return	· 1	Room/suite	E Telephone number	•
	Termir ated			<u>508-</u>	540-9900
Ļ	Ameno	City or town, state or country, and ZIP + 4		G Gross receipts \$	<u> 14,442,967.</u>
L	Application pendir	FALMOUTH, MA UZSAU		H(a) Is this a group re	
	,	F Name and address of principal officer ERIC A. DAVIDSON		for affiliates?	Yes X No
_		SAME AS C ABOVE empt status: X 501(c)(3) 501(c) ()		H(b) Are all affiliates inc	
		empt status: X (501(c)(3)	or 527	H(c) Group exemption	list (see instructions)
K	Form of	organization: X Corporation	1 Year		State of legal domicile: MA
	art I	Summary		or tormation: 1500 it	, otato or logar dominolo, 2112
Ъ	T	Briefly describe the organization's mission or most significant activities SEE	SCHEDU	JLE O	
ທຸ () ງ () ໃ? Activities & Governance	1				
rna	2	Check this box ▶ ☐ if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	sets
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	24
<u>چچ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	20
es ies	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	65
⊕₹	6	Total number of volunteers (estimate if necessary) RECEIVED	- 1	6	0
Ğ.₩	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7%	7a	0.
$\frac{\sim}{2}$	b	Net unrelated business taxable income from Form 9901 line 34	18	7b	0.
SCANNED WAR		Contributions and grants (Part VIII, line 1h)	SO	Prior Year 9,510,898.	Current Year 6,755,270.
ردِ عَالِ	8 9)	기료 -	0.	0,733,270.
Ser.	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT		384,120.	275,548.
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	12,610.	21,516.
E.	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,907,628.	7,052,334.
36	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,332,316.	2,976,328.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,609,639.	6,300,873.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	· b	Total fundraising expenses (Part IX, column (D), line 25) 462,8	<u>77. </u>		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	_	3,404,872.	3,219,109.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	11,346,827.	12,496,310.
		Revenue less expenses Subtract line 18 from line 12		<1,439,199.	
Net Assets or	3	T. () (D. () () ()	Be	eginning of Current Year	End of Year
ASSe	20	Total assets (Part X, line 16)	_	25,581,936. 3,684,798.	20,929,456. _ 3,991,085.
Vet /	21	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	<u> </u>	21,897,138.	16,938,371.
	art II	Signature Block		21,001,1000	10,230,371.
		alties of perjury, I declare that I have examined this return, including accompanying schedule	s and staten	nents, and to the best of m	v knowledge and belief, it is
		ct, and complete: Declaration of preparer (other than officer) is based on all information of wi			
		Melan 2 home		242	6 2012
Sig	jn	Signature of officer 0		Date	
He	re		CE ANI	O ADMIN	
		Type or print name and title		D	=======================================
		Print/Type preparer's name Proparer's signature	/ /	Date Check	PTIN
Pai		CRAIG A. STEVENS, CPA Cruy II Steven	N	7-/7-/2 sett employe	d)
	parer	Firm's name CALIBRE CPA GROUP PLC		Firm's EIN	
US	e Only	Firm's address 1850 K STREET, N.W.		Dhan /	2021221 0000
N.A	ny tha I	WASHINGTON, DC 20006 RS discuss this return with the preparer shown above? (see instructions)		Phone no. (202)331-9880 X Yes No
	19 the 1				X Yes No Form 990 (2010)
032	JU 1 JE-1			_	, 51111 444 (2010)

FRAMEWORK CONVENTION ON CLIMATE CHANGE CONFERENCES OF THE PARTIES:
A CENTRAL COMPONENT OF THE MISSION OF THE WOODS HOLE RESEARCH CENTER IS
INFORMING ENVIRONMENTAL DECISION-MAKERS AND STAKEHOLDERS WITH SOUND
SCIENTIFIC RESEARCH AND DATA REGARDING KEY ENVIRONMENTAL ISSUES. CENTER
STAFF HAVE BEEN INVOLVED IN INTERNATIONAL DISCUSSIONS ABOUT CLIMATE
CHANGE SINCE ITS INCEPTION AND WERE RESPONSIBLE FOR ORGANIZING
INTERNATIONAL MEETINGS ON CLIMATE CHANGE AS EARLY AS 1987. THE CENTER
IS COMMITTED TO WORKING WITH COLLABORATORS, OTHER NON-PROFIT
INSTITUTIONS AND RESEARCH ORGANIZATIONS, GOVERNMENTS, AND OTHER

4d Other program services (Describe in Schedule O)

(Expenses \$ 1,675,642 including grants of \$	21,728.) (Revenue S
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4e Total program service expenses ▶ 9,340,908.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ. <u>.</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			٠,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		X
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			x
40	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		
10	If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		<u> </u>
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			İ
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		_==_	
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
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, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		٠,,	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15_	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	├──	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	<u> </u>	X
18	1c and 8a? If "Yes," complete Schedule G, Part II	10		Х
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18_	 	^
19	complete Schedule G, Part III	10		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	200	- -	1
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	apartition and a second		990	2010

			Yes	No
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	<u> X</u>	
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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		ĺ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	_X_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a	<u> X</u>	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			v
	any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		v
	disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		X
D	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		- 22
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
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		х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X_
34	Was the organization related to any tax-exempt or taxable entity?			
25	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34		X
35	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	35		_
а	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
50	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	_ 		- -
	Note. All Form 990 filers are required to complete Schedule O	38	х	}
				2010)

Form 990 (2010) WOODS HOLE RESEARCH CENTER, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 65			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	_X_	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country.			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			~~
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	CL		
-	were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-27
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ŭ	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 Overal research analysis of the feet that the feet tha			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter			
ıı a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
b	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	L
		ro-m	gan.	(2010)

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

				[-
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management		T.:	
		r	Yes	No
1a		4		
b		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		:	l
	officer, director, trustee, or key employee?	_2_		X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	l		
	of officers, directors or trustees, or key employees to a management company or other person?	3_	ļ. — —	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		_X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	1_		
	governing body?	7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
40	Describe a second de la collaboratora hace also estados de la collaboratora de la coll	[40]	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	_10a		<u>X</u> _
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
	and branches to ensure their operations are consistent with those of the organization?	10b	v	-
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13	10-	х	
12a		12a	^	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	105	x	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b		
C	In Schedule O how this is done	120		х
13	Does the organization have a written whistleblower policy?	12c	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	14	-13	_
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
9	The organization's CEO, Executive Director, or top management official	15a	х	
h	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	1		
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availal	le for		
-	public inspection Indicate how you make these available. Check all that apply			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy	and fina	ncial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organi	zation 🕨	•	
	MELANIE POWERS - 508-444-1511			
	149 WOODS HOLE ROAD, FALMOUTH, MA 02540			
		Form	990	(2010)

032006 12-21-10

Form 990 (2010)	Form	990	(2010)	
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WOODS HOLE RESEARCH CENTER, INC.

04-3005094

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organizat	(B)				C)			(D)	(E)	(F)
Name and Title	Average			Pos	itior	1		Reportable	Reportable	Estimated
	hours per	(0	heck	all 1	that	app	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee or uneutorional trustee Officer Key employee employee employee employee Former		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations			
AMY H REGAN							-			
DIRECTOR	2.00	X						0.	0.	0
LILY RICE HSIA										
DIRECTOR	2.00	x						0.	0.	0
THOMAS E LOVEJOY										
DIRECTOR	2.00	X						0.	0.	0
VICTORIA H LOWELL						ł				
DIRECTOR	2.00	X				ļ		0.	0.	0
GORDON W RUSSELL						i				
DIRECTOR	2.00	X	L_				L.	0.	0.	0
KAREN C LAMBERT										
DIRECTOR	2.00	X	ļ			<u> </u>	_	0.	0.	0
DAVID HAWKINS										
DIRECTOR	2.00	X	<u> </u>			_	_	0.	0.	0
CONSTANCE R ROOSEVELT								_	_	
DIRECTOR	2.00	X	_				_	0.	0.	0
GEORGE M WOODWELL	40.00								_	
DIRECTOR	40.00	X	<u> </u>	<u> </u>				111,765.	0.	28,016
WILHELM MERCK					Ì		ŀ			_
CHAIR	2.00	X			<u> </u>	 	<u> </u>	0.	0.	0
TEDD R SAUNDERS	2 20									_
DIRECTOR	2.00	X	-					0.	0.	0
JOHN H ADAMS	2 00	\ ,								•
DIRECTOR	2.00	^	\vdash		 	-		0.	0.	0
STEPHEN T CURWOOD DIRECTOR	2.00	x						0.	ا م	0
BONNIE R COHEN	2.00	Α.	\vdash					 	0.	0
DIRECTOR	2.00	$ \mathbf{x} $						0.	0.	0
STUART GOODE	2.00	<u>*`</u>	\vdash		-	-			0.	
DIRECTOR	2.00	$ \mathbf{x} $						0.	0.	0
ERIC DAVIDSON		<u></u>	T			t^-			- 0•	
PRESIDENT/EXECUTIVE DIRECTOR	40.00	$ _{\mathbf{X}}$		x				146,416.		23,331
SCOTT GOETZ		† <u></u>				 				20,001
SENIOR SCIENTIST	40.00	$ _{\mathbf{X}}$	}		1			142,145.	0.	21,878
032007 12-21-10						•				Form 990 (2010

Part VII Section A. Officers, Directors, Tru (A)	ustees, Key Er (B)	mple	oyee		<u>nd I</u> C)	High	est			<u>-</u> -		<u></u>	
Name and title	Average			Pos	•	1		(D) Reportable	(E) Reportable	}	Fe	(F) timated	d
ivane and the	hours per week (describe		hecl	c all 1	that	app	oly)	compensation from the	compensation from related organizations		am	ount o other oensat	of
	hours for related organizations in Schedule	Individual trustee or director	institutional trustee	GL	Key employee	Highest compensated employee	je .	organization (W-2/1099-MISC)	(W-2/1099-MISC	»	fro orga and	om the anization relate inizatio	on ed
	O)	盲	Instit	Officer	Key e	High	Former				o, go		
ROBERT HOLMES													
SENIOR SCIENTIST	40.00	X	╁-	L	-	1	 	120,969.		0.	2	8,79	<u> 8</u>
JOSEPH R ROBINSON	2 00												^
TREASURER	2.00	Α	├	\vdash		╁	┝	0.		0.			0.
IRIS M FANGER	2.00	x						0.		0.			0.
DIRECTOR LAWRENCE S HUNTINGTON	2.00	122	 		1	\dagger	┢			•			
DIRECTOR	2.00	x						0.		0.			0.
JOSHUA R GOLDBERG						1							
DIRECTOR	2.00	Х	<u>L</u> .					0.		0.			0.
MERLOYD LUDINGTON													
DIRECTOR	2.00	X	╙		L_	<u> </u>	<u> </u>	0.		0.			0.
MARY LOUISE MONTGOMERY										_			
DIRECTOR	2.00	X	╁	├		-	┝	0.		0.			0.
LISA O'CONNELL	40.00			3,7		ŀ		00 661		,	2	0 0	• ^
ASSISTANT CLERK	40.00	+-	+	X	-	+	┢	82,661.		0.		0,94	<u>Ł 4 .</u>
RICHARD A HOUGHTON SR SCIENTIST AND ACTING EXECUTIVE DI	40.00		1	x				208,339.		0.	3	5,64	12
1b Sub-total	1 40.00		٠			—		812,295.		0.		B,60	
c Total from continuation sheets to Part V	II. Section A					•		1,013,382.				8,89	
d Total (add lines 1b and 1c)						•		1,825,677.		0.		7,50	
2 Total number of individuals (including but r	not limited to th	nose	liste	ed al	bov	e) w	ho r	eceived more than \$100	,000 in reportable				
compensation from the organization							_						11
										Г		Yes	No
3 Did the organization list any former officer	•		e, ke	y em	olqr	yee,	or	highest compensated er	nployee on			1	7,
line 1a? If "Yes," complete Schedule J for s				0000			al a t	har commandation from		-	3	-	X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15								•	ine organization			x	
5 Did any person listed on line 1a receive or									dual for services	t	4	^	
rendered to the organization? If "Yes," con								or gamean or more			5	ļ	х
Section B. Independent Contractors													
Complete this table for your five highest contact the organization	ompensated in	dep	ende	ent c	ont	ract	ors '	that received more than	\$100,000 of comp	ensa	tion f	rom	
(A)							1	(B)		٥.	(C		
Name and business	address							Description of s	ervices		mper	nsation	-
									l				
						<u> </u>							
									{				
						-							
					_								
					_								
O Total number of independent contraction	(nodudine but	204 1	.m		. th.			d abous) who sees we'd	ora then				—-
2 Total number of independent contractors (\$100,000 in compensation from the organ	=	IOL I	minte	:u 10		ose II O	ธเษเ	u abovej wno received m	iore man				
SEE PART VII, SECTIO		тT	NII	<u>λ</u> Τ			сH	EETS			orm 9	990 (2	010

Part VII Section A. Officers, Directors, Trus (A)	(B)			(C	;)			(D)	(E)	(F)
Name and title	Average hours per	(cl	neck	Posi	tion		ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
VILLIAM BROWN PRESIDENT/EXECUTIVE DIRECTOR	40.00			х				300,492.	0.	2,126
ROBERT BARRY DIRECTOR OF FINANCE AND ADMINISTRATI	40.00			х				172,422.	0.	18,327
MELANIE POWERS DIRECTOR OF FINANCE AND ADMINISTRATI	40.00			x		_		76,878.	0.	5,191
OSEF KELLNDORFER ENIOR SCIENTIST	40.00					x		110,448.	0.	25,233
JISA CAVANAUGH DIRECTOR OF DEVELOPMENT/VP	40.00		_			x		141,844.	0.	13,29
CONTROLLER	40.00					х		109,084.	0.	27,74
ENIOR SCIENTIST	40.00					x		102,214.	0.	16,97
				:						
Total to Part VII, Section A, line 1c			1	<u> </u>	<u></u>	<u>L_</u>		1,013,382.		108,89

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
t t	1 a	Federated campaigns	1a					
gifts, grants lar amounts		Membership dues	1b					
ωĔ	С	Fundraising events	1c					
ar a	d		1d					
S,E	e			486,145.				
<u> </u>	f							
EE	•	similar amounts not included abo		269,125.				
를 를 다	а	Noncash contributions included in lines		267,811.				
Contributions, and other simi	h	Total. Add lines 1a-1f			6,755,270.			
				Business Code	0,,00,2,00		, _ ··	
.	2 a			Baomicos codo				
Š	b				 			
Program Service Revenue	c							
اد <u>ع</u>	d				 .			
ğα	e				<u>.</u>		-	
P.	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including	dividends, inter	est, and	-			
		other similar amounts)	,	•	118,307.			118,307.
	4	Income from investment of ta	x-exempt bond	oroceeds -		·		
	5	Royalties		•				
		•	(ı) Real	(II) Personal				
	6 a	Gross Rents						
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory	7547874					
	b	Less cost or other basis						
		and sales expenses	7390633					
	С	Gaın or (loss)	157,241.			-		
	d	Net gain or (loss)			157,241.			157,241.
e	8 a	Gross income from fundraising	g events (not					
en		including \$	of					
Other Revenu		contributions reported on line	1c) See					
e e		Part IV, line 18	а					
된		Less direct expenses	b					
		Net income or (loss) from fund	=					
	9 a	Gross income from gaming a	ctivities See					
		Part IV, line 19	а	ļ				
		Less direct expenses	b	L				
		Net income or (loss) from gan	-	> _				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а			į		
		Less cost of goods sold	. b	L				
H	С	Net income or (loss) from sale		<u> </u>				
		Miscellaneous Revenu	ie	Business Code	01 516			04 546
		MISCELLANEOUS	·	900099	21,516.			21,516.
	b			<u> </u>				
	С	All adda						
	d				21 516			<u> </u>
		Total. Add lines 11a-11d	-		21,516.	 		207 064
03200	12 9	Total revenue. See instructions.		>	7,052,334.	0.	0.	297,064.

Part IX | Statement of Functional Expenses

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

	All other organizations must composite include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	764,195.	764,195.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 21	704,155.	704,155.		
3	Grants and other assistance to governments,				
_	organizations, and individuals outside the US				
	See Part IV, lines 15 and 16	2,212,133.	2,212,133.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	733,917.	221,796.	453,256.	58,865
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	3,304,225.	2,137,039.	1,010,453.	156,733
8	Pension plan contributions (include section 401(k)	222 600	104 070	100 001	48 044
	and section 403(b) employer contributions)	333,602.	194,870.	120,921.	17,811
9	Other employee benefits	1,571,654.	1,222,326.	283,443.	65,885
10	Payroll taxes	357,475.	208,815.	129,574.	19,086
11	Fees for services (non-employees):				
а	Management	35,983.		35,983.	
b	Legal	49,674.		49,674.	
C	Accounting	49,074.	<u></u>	49,074.	
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees	32,236.		32,236.	
g	Other	296,228.	208,227.	86,351.	1,650
12	Advertising and promotion	250/2201	20072273	00/3321	
13	Office expenses	429,572.	115,948.	253,563.	60,061
14	Information technology	394,953.	341,437.	47,649.	5,867
15	Royalties		, -		
16	Occupancy	177,323.		177,323.	
17	Travel	614,619.	524,946.	49,361.	40,312
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			_	
19	Conferences, conventions, and meetings	353,523.	353,523.		
20	Interest	5,516.		5,516.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	686,086.		686,086.	
23	Insurance	13,382.		13,382.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	ALLOCATION OF COMMON EX	0.	719,706.	<755,370.>	35,664
b			,		
С					
d					
е					
f	All other expenses	130,014.	115,947.	13,124.	943
25	Total functional expenses Add lines 1 through 24f	12,496,310.	9,340,908.	2,692,525.	462,877
26	Joint costs. Check here In following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				

032010 12-21-10

Pai	t X	Balance Sheet			- Fage 11
			(A) Beginning of year		(B) End of year
	1	Cash · non·interest-bearing	140.	1	77.
	2	Savings and temporary cash investments	5,849,185.	2	1,943,101.
	3	Pledges and grants receivable, net	5,822,481.	3	3,723,766.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	».		Ÿ.,
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			, ,
		employers and sponsoring organizations of section 501(c)(9) voluntary	•		
		employees' beneficiary organizations (see instructions)		6	
sts	7	Notes and loans receivable, net		7	-
Assets	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges	422,761.	9	591,437.
		Land, buildings, and equipment: cost or other	100,7010	_	351,1370
		basis Complete Part VI of Schedule D 10a 13, 227, 331.			
	b	Less accumulated depreciation 10b 4,658,585.	8,621,054.	10c	8,568,746.
	11	Investments - publicly traded securities	4,629,428.	11	5,866,608.
	12	Investments - other securities See Part IV, line 11	1,023,120	12	3,000,000.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	236,887.	15	235,721.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	25,581,936.	16	20,929,456.
	17	Accounts payable and accrued expenses	965,268.	17	1,258,294.
	18	Grants payable		18	
	19	Deferred revenue	220,936.	19	354,001.
	20	Tax-exempt bond liabilities	2,419,221.	20	2,303,863.
w	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	2,303,003.
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
Ιġ		highest compensated employees, and disqualified persons. Complete Part II			
Ë		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	79,373.	25	74,927.
	26	Total liabilities. Add lines 17 through 25	3,684,798.		3,991,085.
		Organizations that follow SFAS 117, check here X and complete			3/352/333
S		lines 27 through 29, and lines 33 and 34.			
ဥ	27	Unrestricted net assets	8,819,160.	27	7,649,519.
aa	28	Temporarily restricted net assets	9,415,399.		5,621,123.
д В	29	Permanently restricted net assets	3,662,579.	29	3,667,729.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here			
Į.		complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ϋ́	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	21,897,138.	33	16,938,371.
	34	Total liabilities and net assets/fund balances	25,581,936.		20,929,456.

Form	990 (2010) WOODS HOLE RESEARCH CENTER, INC.	04-3	005094	Pag	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				\mathbf{x}
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,05	2,3	34.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,49		
3	Revenue less expenses. Subtract line 2 from line 1	3	<5,44		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,89	7,1	38.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			09.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	16,93	8,3	71.
Pa	rt XIII Financial Statements and Reporting		•		
	Check if Schedule O contains a response to any question in this Part XII				\mathbf{x}
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both				İ
	Separate basis Consolidated basis Both consolidated and separate basis			i	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a_	X	<u></u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			ĺ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	_X_	<u> </u>
			Form	990 (2010)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Porm 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

			OLE RESEARCH			NC.			04	<u>-3005</u>	094
Part I	Reason	for Public Chari	ity Status (All organiz	ations mu	st complet	e this par	t.) See inst	tructions			
The organi	zation is not a	private foundation l	because it is. (For lines 1	through	11, check o	only one b	ox)				
1 🔲	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	.			
2	A school described in section 170(b)(1)(A)(ii), (Attach Schedule E)										
з 🔲	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	e:									
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 X			eives a substantial part o					r from the	general pu	ublic descr	nbed in
	-	b)(1)(A)(vi). (Comple				-			•		
в 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II)						
9 🔲	-		eives: (1) more than 33 1	•	•	om contri	butions, m	nembershii	o fees, and	d gross rec	elots from
	-		nctions - subject to certa							_	-
			axable income (less sect	-		•				•	
	See section	509(a)(2). (Complete	Part III)		•		•	, ,			, -
10			perated exclusively to test	st for publ	c safety S	See sectio	n 509(a)(4	1).			
11	•	•	perated exclusively for th		•			•	out the p	ourposes o	f one or
	•		tions described in section		•			-	•	•	
		-	organization and comple				•	•			
	a Type I	ь <u> </u>		: 🔲 тур	e III - Func	tionally int	tegrated		d 🔲	Type III - C	Other
е 🗀	By checking	this box, I certify tha	t the organization is not	controlled	I directly or	r indirectly	by one o	r more disc	qualified pe	ersons oth	er than
			han one or more publicly		-	-	-		-		
f			ten determination from t						,		,
	supporting of	rganization, check th	nis box		•						
g	Since August	t 17, 2006, has the o	rganization accepted an	ny gift or c	ontribution	from any	of the follo	owing pers	ons?		
Ū	(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	described	ın (ıı) and (ı	ıı) below,	Į	Yes No
	the gove	erning body of the su	upported organization?	_						11g(ı)	
	(ii) A family	member of a persor	described in (i) above?							11g(ii)	
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	e?					11g(iii)	
h	Provide the fo	ollowing information	about the supported org	ganization	(s)						
(i) Name	of supported	(ii) EIN	(iii) Type of		organization	(v) Did yo	u notify the	(vi) Is	the	(vii) Am	ount of
. ,	anization	(,	organization (described on lines 1-9		sted in your		ion in col.	organizatio (i) organiz	in in col. ed in the	supp	
			above or IRC section	governing	document?	(i) of you	r support?	U.S.	?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
							L				
							L				
<u>Total</u>			<u> </u>				<u> </u>	<u> </u>			
LHA For F	Paperwork Re	duction Act Notice	, see the Instructions f	or				Schedul	e A (Form	990 or 99	0-EZ) 2010

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010 WOODS HOLE RESEARCH CENTER, INC. 04-3005(
| Rart II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	- 					
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not			1			Ì
	include any "unusual grants ")	7844425.	7789733.	19219409.	9510898.	6755270.	51119735.
2	Tax revenues levied for the organ-		-				
	ızatıon's benefit and either paid to						
	or expended on its behalf						Ì
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						1
4	Total. Add lines 1 through 3	7844425.	7789733.	19219409.	9510898.	6755270.	51119735.
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)		_				14229888.
_6	Public support. Subtract line 5 from line 4						36889847.
Sec	ction B. Total Support				·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	7844425.	<u>7789733.</u>	19219409.	9510898.	6755270.	51119735.
8	Gross income from interest,						
	dividends, payments received on						ł
	securities loans, rents, royalties			İ			
	and income from similar sources	365,775.	495,170.	276,174.	127,343.	118,307.	1382769.
9	Net income from unrelated business			1			1
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain			1	i		
	or loss from the sale of capital						
	assets (Explain in Part IV)	51,078.	35,644.	33,836.	9,986.	<u>21,516.</u>	152,060.
11	Total support. Add lines 7 through 10	L		<u> </u>	<u></u>		52654564.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
50.	organization, check this box and storection C. Computation of Publ		roontogo				
			<u>_</u>				TO 06
	Public support percentage for 2010 (• • • • • • • • • • • • • • • • • • • •	•	column (f))		14	70.06 %
	Public support percentage from 2009					15	67.54 %
16a	33 1/3% support test - 2010.If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				▶ [X]
b	33 1/3% support test - 2009. If the o				line 15 is 33 1/3%	or more, check th	ns box
	and stop here. The organization qual	, ,					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization						nization
	meets the "facts and-circumstances"				-		▶ ـ
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the						e
	organization meets the "facts-and-circ						> -
18	Private foundation. If the organization	on did not check a	DOX OF THE 13, 16	oa, 160, 1/a, or 17t			
					Sche	code a crorm 990	or 990-EZ) 2010

032022 12-21-10

Schedule À (Form 990 or 990-EZ) 2010 Rart III Support Schedule for Organizations Described in Section 509(a)(2)

Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
gualify under the tests listed helow, please complete Part II.)

Section A. Public Support	low, please com	piete Fait II)				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(5)	(4)	10/22:0	(1) 1014
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 organ- ization's benefit and either paid to or expended on its behalf						-
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support			<u> </u>			
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6		1			157	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	•					
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization'	s first, second, the	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
check this box and stop here	o Support De	roontono				
Section C. Computation of Publi			(0)		T I	
15 Public support percentage for 2010 (lii		•	column (t))		15	
16 Public support percentage from 2009 Section D. Computation of Inves			 		16	9
17 Investment income percentage for 20					17	9
18 Investment income percentage from 2		•	rie 13, column (i))		18	9
19a 33 1/3% support tests - 2010. If the			on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2009. If the				-		and
line 18 is not more than 33 1/3%, chec	-			•	•	_
20 Private foundation. If the organization					_	▶□
032023 12-21-10					hedule A (Form 99	0 or 990-E Z) 20

Part IV S	nd Part	III, line 12	Also co	mplete this	part fo	r any additional informa	explanation (See	ions require instructions	d by Part II, line 10, Part II, line 17a or 17b; s)
CHEDUL	E_A,	PART	II,	LINE	10,	EXPLANATION	FOR	OTHER	INCOME:
ISCELL	<u>ANEO</u>	US	_		_				
						 			
			_						
									
									
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· <u> </u>				<u> </u>					
									
									
····· <u>·</u> ···									

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

2010 Open to Public Inspection

Name of the organization

Employer identification number

WOODS HOLE RESEARCH CENTER, INC. 04-3005094 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. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ g Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV. the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

		OLE RESEAR							Page 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historical T	reasures, o	or Oth	er Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	e following tha	at are a s	ignificant i	use of its	collection	items
	(check all that apply).								
а	Public exhibition	d	Loan or ex	change progra	ams				
b	Scholarly research e Other								
С	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 of	r receive donations of	of art, historical tre	asures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	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, Pa	rt X, line 21	-						
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ons or other as	sets no	tincluded		_	
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to F	orm 990, Part	IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back_
1a	Beginning of year balance	4,628,452.	3,669,172	3,68	2,641.				
b	Contributions .	5,150.	536,100	. 2	1,400.				
С	Net investment earnings, gains, and losses	553,496.	487,694	<3	4,869.	>			
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs		64,514		0.				
f	Administrative expenses								
g	End of year balance	5,187,098.	4,628,452	3,66	9,172.			<u></u>	
2	Provide the estimated percentage of the year		s						
а	Board designated or quasi-endowment	<u> 16.58</u>	_%						
b	Permanent endowment ► 70.71	%							
С		%							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administe	ered for t	the organiz	zation	_	
	by:								es No
	(i) unrelated organizations	•						3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(II), are the related organization	-						3b	
4	Describe in Part XIV the intended uses of the								
Pai	t VI Land, Buildings, and Equipn				r				
	Description of investment	(a) Cost or o	1 ' '	st or other	, , ,	ccumulate		(d) Book	value
		basis (investr		s (other)	de	preciation		<u> </u>	<u> </u>
	Land			<u>17,571.</u>		100 1	0.6		<u>,571.</u>
b	Buildings		10,8	72,642.	3,	496,1	00.	1,576	<u>,536.</u>
C	Leasehold improvements	-	1 0	27 110	1	160 4	70	C7.4	620
d	Equipment		1,8	37,118.	<u> </u>	162,4	/ 9 •	0/4	<u>,639.</u>
	Other (C)	1		40(-11)	l	·	_	0 500	746
Lota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	ʌ, coiumn (৪), line	10(C))			. •	<u>0,508</u>	,746.

Schedule D (Form 990) 2010

Part X Other Liabilities. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) LIABILITY UNDER CHARITABLE GIFT	
(3) ANNUITY	74,927.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (h) must equal Form 990, Part X, col (B) line 25.)	74 927.

032053 12-20-10

(3) Other

(B) (C) (D) (E) (F) (G) (H) (1)

(1) (2) (3) (4) (5) (6)(7)(8)(9) (10)

(1) (2) (3)(4) (5) (6) (7) (8) (9) (10)

	dule D (Form 990) 2010 WOODS HOLE RESEARCH CENTER,	<u>IN</u>				<u>3005094</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Financ	ial State	men		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	.,	7,052	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		12,496	,310.
3	Excess or (deficit) for the year Subtract line 2 from line 1		Ī	3		<5,443	,976.
4	Net unrealized gains (losses) on investments		Ī	4			,215.
5	Donated services and use of facilities			5			<u>, </u>
	-		ŀ	6			
6	Investment expenses		• •				
7	Prior period adjustments		}	7		1	004
8	Other (Describe in Part XIV.)		ŀ	8			<u>,994.</u>
9	Total adjustments (net). Add lines 4 through 8		-	9			<u>,209.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10		<4,958	<u>,767.</u> :
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Reven	ue per H	eturr		
1	Total revenue, gains, and other support per audited financial statements				_1_	7,537	<u>,543.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	48	3,215.			
b	Donated services and use of facilities	2b			1		
c	Recoveries of prior year grants	2c			1 1		
_	Other (Describe in Part XIV.)	2d		1,994.	1		
ď	•	_ zu		<u> </u>	20	ΛΩΕ	,209.
	Add lines 2a through 2d .				2e	7,052	224
3	Subtract line 2e from line 1				3	1,052	, 554.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			-		
b	Other (Describe in Part XIV.)	4b					_
С	Add lines 4a and 4b				4c	<u>.</u>	<u> </u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	7,052	<u>,334.</u>
Pai	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Vith Expe	nses per	Retu		
1	Total expenses and losses per audited financial statements				1_	12,496	,310.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
c	Other losses	2c			1		
-	Other (Describe in Part XIV)	2d			1		
d	Add lines 2a through 2d				2e		Λ
e					3	12,496	310
3	Subtract line 2e from line 1				3	12,490	, 510.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			-		
b	Other (Describe in Part XIV)	4b			4		_
С	Add lines 4a and 4b				4c		<u> </u>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	12,496	<u>,310.</u>
Pa	t XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	I, lines 1	la and 4, Pa	rt IV, lines 1	b and	2b, Part V, line	4, Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp	olete this	s part to pro	vide any ad	ditiona	I information	
	RT V, LINE 4: UP TO 5% OF THE TOTAL EARNED						
गाम	ND IS APPROPRIATED ANNUALLY TO SUPPORT THE	OPE	RATION	S OF T	HE	CENTER.	
- 0-	TO THE INCIDENTAL TO BOTTONE THE					<u> </u>	
	OM WI IIND O OMNED ADTHOMADNEC.						
PA.	RT XI, LINE 8 - OTHER ADJUSTMENTS:						
~	ANGE THE MALE OF COLUMN THEODOG ACCOMMO						
CH	ANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS						
							
PA:	RT XII, LINE 2D - OTHER ADJUSTMENTS:						
CH	ANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS						
					Sche	dule D (Form 9	990) 2010
03205 12-20	4 -10					•	
20	·-						

SCHEDULE 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.

2010
Open to Public Inspection

Name of the organization

Employer identification number

WOODS HOLE RESE				<u> 04-300509</u>	
Part I General Infor	mation on A	ctivities Out	tside the United States. Comp	lete if the organization answered "\	∕es"
to Form 990, Part	IV, line 14b.				
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of the g		
grantees' eligibility for th	e grants or assis	stance, and the	selection criteria used to award the gra	ants or assistance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of g	rant funds outside the United Stat	es.
3 Activities per Region (Tr	ne following Part	I, line 3 table ca	an be duplicated if additional space is	needed)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and independent	(by type) (e g , fundraising, program	is a program service,	expenditures for and
	ın the region	independent contractors	services, investments, grants to	describe specific type	investments
		in region	recipients located in the region)	of service(s) in region	in region
		•		INTEGRATES RESEARCH,	
				POLICY ANALYSIS, NATURAL	
]		RESOURCE MGT SYSTEMS AND	
SOUTH AMERICA	0	1	GRANTMAKING	EDUCATION	1,935,777.
				INTEGRATES RESEARCH,	
				POLICY ANALYSIS, NATURAL	
SOUTH AMERICA -				RESOURCE MGT SYSTEMS AND	
ARGENTINA BOLIVIA	0	0	GRANTMAKING	EDUCATION	197,479.
				PROVIDING SUPPORT TO	
				REDD+NEGOTIATORS AND	
EUROPE (INCLUDING				ORGANIZING WORKSHOPS FOR	
ICELAND & GREENLAND)	c	0	GRANTMAKING	REDD IMPLEMENTATION	51,954.
				INTEGRATES RESEARCH,	
	1			POLICY ANALYSIS, NATURAL	
SOUTH AMERICA -				RESOURCE MGT SYSTEMS AND	1
ARGENTINA, BOLIVIA,	[_0	GRANTMAKING	EDUCATION	7,500.
				ORGANIZING WORKSHOPS ON	
EUROPE (INCLUDING				SOUTH-SOUTH	
ICELAND & GREENLAND)				COLLABORATION FOR REDD	}
_	C	0	GRANTMAKING	IMPLEMENTATION	2,658.
		ļ		ORGANIZING WORKSHOPS TO	
	1			PROVIDE PARTICIPANTS	
EAST ASIA AND THE				WITH ADVANCE KNOWLEDGE	
PACIFIC		0	GRANTMAKING	OF GIS	16,765.
					1
			1		
3 a Sub-total		1			2,212,133.
b Total from continuation					
sheets to Part I		00			0.
c Totals (add lines 3a					
and 3b)		ol1	<u></u>		2 212 133.
LHA For Paperwork Reduct	tion Act Notice,	see the Instruc	ctions for Form 990.	Schedule F (Form 990) 2010

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04-3005094	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	than \$5,000	
INC.	States. C	ved more 1	
CENTER,	de the United	recipient recei	
WOODS HOLE RESEARCH CENTER, INC.	s or Entities Outsic	this box if no one	seded
HOLE	nization	00 Check	pace is ne
WOODS	ssistance to Orga	d more than \$5,0	ited if additional s
Schedule F (Form <u>990)</u> 2010	Grants and Other As	recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000.	Part II can be duplicated if additional space is needer
Schedule	Part II		

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	RESEARCH	1935777.	WIRE TRANSFER	0		FMV
		SOUTH AMERICA - ARGENTINA, BOLIVIA.	RESEARCH	197, 479	WIRE TRANSFER	0		WY
		EUROPE (INCLUDING ICELAND & GREENLAND)	REGBARCH	954	WIRE TRANSPER	O		ΛκJ
		SOUTH AMERICA - ARGENTINA, BOLIVIA	RESEARCH		WIRE TRANSPER	0		ΛKJ
		EAST ASIA AND THE PACIFIC	RESEARCH	765.	WIRE TRANSFER	0		ΛW.J
2 Enter total number of the IRS, or for which t	f recipient organization the grantee or counse	ns listed above that are in the last provided a section	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	foreign country, i	recognized as tax-ex	empt by		5
3 Enter total number of	Enter total number of other organizations or entitles	or entities				•		0
							Schedu	Schedule F (Form 990) 2010

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04-3005094

Page 3

WOODS HOLE RESEARCH CENTER, INC.

Schedule F (Form 990) 2010

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

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2010
(g) Description of non-cash assistance					Schedu
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant	}				
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

Did the organization have any operations in or related to any boycotting countries during the tax year? If

"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2010

Yes X No

6

for Form 5713)

Part V | Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method). Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. SCHEDULE F, PART I, LINE 2: THE VICE PRESIDENT AND DIRECTOR OF FINANCE AND ADMINISTRATION (CFO) PREPARES ALL SUBCONTRACTS WITH FOREIGN ENTITIES. THESE SUBCONTRACTS CONTAIN A SCOPE OF WORK AND A DETAILED BUDGET PLAN. SUB-RECIPIENTS PREPARE AND SUBMIT INVOICES TO THE CFO. THE INVOICES ARE REVIEWED FOR APPROPRIATENESS AND COMPLIANCE WITH ALLOWABLE/UNALLOWABLE EXPENSES. SUPPORTING DOCUMENTS MAY INCLUDE COPIES OF RECEIPTS OR COPIES OF THE SUB-RECIPIENT ACCOUNTING RECORDS. THESE INVOICES ARE THEN REVIEWED BY THE CONTROLLER AND THE GRANTS ACCOUNTANT AND TRACED TO THE GENERAL LEDGER TO DETERMINE ELIGIBILITY FOR PAYMENT. THE CONTROLLER AND THE GRANTS ACCOUNTANT ALSO REVIEW INVOICES FOR COMPLIANCE TO LINE ITEM BUDGETS AS APPLICABLE. SIGNIFICANT VARIANCES TO BUDGET ARE REVIEWED BY THE CFO AND PRINCIPAL INVESTIGATORS, AND IF DETERMINED NECESSARY, REPORTED TO THE PRIME FUNDER IN THE FORM OF A RE-BUDGET REQUEST. THE CENTER'S ACCOUNTING SYSTEM TRACKS REVENUES AND EXPENDITURES ON A PROJECT OR AWARD BASIS.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

Open to Public Inspection

1							
Name of the organization WOODS HOI	WOODS HOLE RESEARCH	CENTER,	INC.				Employer identification number $0.4-3005094$
Part I General Information on Grants and Assistance	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	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	uoi
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	istance? ocedures for moni	toring the use of grant	funds in the United	States			X Yes
artıl	Governments an	d Organizations ın the	United States. C	omplete if the orga	Inization answered "\	es" 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. Part il can be duplicated if additional space is needed (f) Name and address of organization (h) ElN (\$5,000 Check th:	s box if no one recipier	t received more th	an \$5,000 Part II	can be duplicated if a	additional space is nee	ded (h) Purpose of grant
or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
BRIDGER CAPITAL GROUP LLC 3732 PURDUE AVENUE			,				
DALLAS, TX 75225	75-3007994		30,000.	0			SCIENTIFIC RESEARCH
AMER MUSEUM NAT HISTORY CENTRAL PARK WEST AT 79TH STREET NEW YORK, NY 10024	13-6162659	501(C)(3)	95,880,	0			SCIENTIFIC RESEARCH
UNIV OF NEW HAMPSHIRE 211 MORSE HALL DURHAM, NH 03824	02-6000937	501(C)(3)	11, 729,	0			SCIENTIFIC RESEARCH
FORT COLLINS, CO 80523	84-6000545	501(C)(3)	69,896.	0			SCIENTIFIC RESEARCH
BOSTON UNIVERSIY ONE SHERBORN STREET BOSTON, MA 02215	04-2103547	501(C)(3)	46,333,	0			SCIENTIFIC RESEARCH
MONTANA STATE UNIVY 309 MONTANA HALL	:						
BOZEMAN, MT 59717	81-0302402	501(C)(3)	59,676,	0.			SCIENTIFIC RESEARCH
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations				•	12
1	S						7
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2010

Schedule I (Form 990) (2010)

INC. WOODS HOLE RESEARCH CENTER, INC. Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (F.	04-3005094 P. orm 990), Part II.)	
≚ ⊦	WOODS HOLE RESEARCH CENTER, INC. INC. In of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (F	

(a) Name and address of (b) EIN (c) IRC section organization or government of (b) EIN (c) IRC section organization or government of (d) Amount of (e) Amount of (f) Method	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF MARYLAND 3112 LEE BUILDING COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	74,969	0			SCIENTIFIC RESEARCH
U OF FLORIDA PO BOX 113001 GAINESVILLE, FL 32611	59-6002052	501(C)(3)	42,400.	0			SCIENTIFIC RESEARCH
REGENTS UC IRVINE BIOLOGICAL SCIENCES SUITE 1400 IRVINE, CA 92697	95-2226406	501(C)(3)	99 99	0			SCIENTIFIC RESEARCH
FOREST TRENDS 1050 POTOMAC STREET WASHINGTON, DC 02540	20-4433111	501(C)(3)	61,998.	0		Š	SCIENTIFIC RESEARCH
VIRGINIA POLYTECHNIC 1880 PRATT DRIVE, SUITE 2006 BLACKSBURG, VA 24060	54-6001805	501(C)(3)	38,860.	0,			SCIENTIFIC RESEARCH
DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210 HANOVER, NH 03755	02-0222111	501(C)(3)	26,385.	0			SCIENTIFIC RESEARCH
CENTURY ECOSYSTEMS 3621 SOUTH TAFT LOVELAND, CO 80538			666 6	0		- 7	SCIENTIFIC RESEARCH
CARNEGIE INSTITUTION OF WASHINGTON 1530 P. ST. NW WASHINGTON, DC 20005	53-0196523	501(C)(3)	129,401,	0			SCIENTIFIC RESEARCH
				···			
LHA							Schedule I (Form 990)

Page 2

04-3005094

Schedule | (Form 990) (2010) WOODS HOLE RESEARCH CENTER, INC.

| 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
| Part III | Grants and Other Assistance to Individuals in the United States.

(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
Part IV Supplemental Information. Complete this part to provide the inf	de the information	required in Part I,	line 2, and any other	ormation required in Part I, line 2, and any other additional information.	
SCHEDULE I, PART I, LINE 2: THE VICE	CE PRESIDENT	AND	DIRECTOR, F.	FINANCE AND	
ADMINISTRATION (CFO) PREPARES ALL	CONSULTING	NG AGREEMENTS	AND	SUBCONTRACTS	
FOR INDIVIDUALS AND ORGANIZATIONS WITHIN		тне US. ТНЕ	THESE DOCUMENTS CONTAIN	TS CONTAIN A	
SCOPE OF WORK AND A DETAILED BUDGET PLAN. THE INDIVIDUALS/ORGANIZATIONS	T PLAN.	THE INDIVI	DUALS/ORGA	NIZATIONS	
PREPARE AND SUBMIT INVOICES TO THE	ACCOUNTING	ING DEPARTMENT.	MENT. THESE	SE INVOICES	
ARE REVIEWED FOR APPROPRIATENESS A	ND COMPL	IANCE WITH	I ALLOWABLE	AND COMPLIANCE WITH ALLOWABLE/UNALLOWABLE	
EXPENSES. THE CONTROLLER AND THE GRANTS		ACCOUNTANT F	REVIEW THE	INVOICES FOR	
COMPLIANCE WITH BUDGET LINE ITEMS.		CANT VARIA	SIGNIFICANT VARIANCES TO BUDGET ARE	DGET ARE	
REVIEWED BY THE CFO AND PRINCIPAL 032102 01-13-11	INVESTIGATOR,	ATOR, AND	IF DETERMINED	NED	Schedule I (Form 990) (2010)

SCHEDULE J (Form 990)

Compensation Information

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

INC

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

wered "Yes" to Form 990, 23. Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

WOODS HOLE RESEARCH CENTER

Inspection
Employer identification number

04-3005094

Schedule J (Form 990) 2010

OMB No 1545-0047

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use		ļ	
	Travel for companions Payments for business use of personal residence		}	
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	x	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	x	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's	Į		1
	CEO/Executive Director Check all that apply			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
		ļ	l	ļ
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			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	_4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	ļ	X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations 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			1
а	The organization?	_5a		X
b	Any related organization?	5b		X
	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			
а	The organization?	6a		X
b	Any related organization?	6b		X
	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	7	X	<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		Ì	
	ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	<u></u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	}		
	Regulations section 53 4958-6(c)?	9_]	

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

INC.

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	(5)	146,416.	0.	0	0	23,331.	169,747.	0
1 ERIC DAVIDSON	Ξ	0	0	0	0	0.	0	0
	ε	142,145.	0.	0.	0.	21,878.	164,023.	0
2 SCOTT GOETZ	(ii)	0.	0	0.	0	0	0	0
	(i)	208,339.	0	0.	0	35,643.	243,982.	0
3 RICHARD A HOUGHTON	€	0	0.	0	0	0	0	0.
	ε	300,492.	0.	0.	0	2,126.	302,618.	0
4 WILLIAM BROWN	(II)	0	0	0	0	0	0.	0
	ε	122,422.	50,000.	0.	0	18,327.	190,749.	0
5 ROBERT BARRY	(E)	0	0	0.	0 •	0	0	0
	Ξ	141,844.	0	0.	• 0	13,291.	155,135.	• 0
6 LISA CAVANAUGH	(E)	0	0	0.	• 0	0	0	0
	(i)							
7	(11)							
	Ξ							
8	Ξ							
	Θ							
6	(ii)							
	()							
10	(ii)							
	Ξ							
11	⊞							
	Ξ							
12	3							
	Ξ							
13	(11)							
	Ξ					-		
14	(ii)							
	Ξ							
15	Ξ							
	Ξ							
16	Ξ							

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Schedule J (Form 990) 2010

Department of the Treasury Internal Revenue Service SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047 2010 Open to Public Inspection

04-3005094

Employer identification number Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.
 Attach to Form 990. ► Attach to Form 990. Name of the organization

INC.

WOODS HOLE RESEARCH CENTER,

(a) Issuer name MASSACHUSETTS HEALTH EDUCATION FACILITIES	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e)	our c	+ c::000 0/	(f) Description of purpose	(a) Dates	Pleded (A) Debald	hoholf	6
MASSACHUSETTS HEALTH EDUCATION FACILITIES						(1) Describ	 	(6)) o	of issuer	(ı) Pooled financıng
MASSACHUSETTS HEALTH EDUCATION FACILITIES								Yes	No Yes	No	Yes No
В	& AUT 04-2456011575	37586ELD1	08/14/09	2,531	C , 484.\$	CONSTRUCTION \$603,900; CU	TION -); CURRENT			X	×
O											
٥											
Part II Proceeds											
١				A		6	C			٥	
1 Amount of bonds retired			2	228,384.							
2 Amount of bonds legally defeased											
3 Total proceeds of issue			2,531	1,484.							
4 Gross proceeds in reserve funds			Ţ	19,277.							
5 Capitalized interest from proceeds											
6 Proceeds in refunding escrows	j		1,9(908,307.							
7 Issuance costs from proceeds											
8 Credit enhancement from proceeds											
9 Working capital expenditures from proceeds											
10 Capital expenditures from proceeds)9	603,900.							
11 Other spent proceeds											
12 Other unspent proceeds											
13 Year of substantial completion				2010			ı				
			Yes	Š	Yes	No	Yes	No	Yes		No
14 Were the bonds issued as part of a current refunding issue?	1 Issue?		×								
15 Were the bonds issued as part of an advance refunding issue?	Ing Issue?			×							
16 Has the final allocation of proceeds been made?			X								
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	t the final allocation	of proceeds?	X								
Part III Private Business Use											
1 Was the organization a partner in a partnership, or a member of an LLC,	member of an L	LC,	Y		1	В	၁			٥	
which owned property financed by tax-exempt bonds?	S?		Yes	No.	Yes	S.	Yes	No	Yes	-	No
				×							
2 Are there any lease arrangements that may result in private business use bond-financed property?	private business	s use of		*				•			
032121											

		A	1	В)	C	۵	•
3a Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
business use of bond-financed property?		×						
b Are there any research agreements that may result in private business use of hand-financed property?		×						
c 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?								
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		° 00°		%		%		%
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	_	° 00°		%		%		%
6 Total of lines 4 and 5		% 00.		%		%		%
7 Has the organization adopted management practices and procedures to								
ensure the post-issuance compliance of its tax-exempt bond liabilities?	×							
Part IV Arbitrage								
		A		8	O		Δ	
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of	Yes	S.	Yes	No	Yes	No	Yes	No
Arbitrage Rebate, been filed with respect to the bond issue?		×						
2 Is the bond issue a variable rate issue?	×							
3a Has the organization or the governmental issuer entered into a qualified								
hedge with respect to the bond issue?		×						
b Name of provider								
c Term of hedge								
d Was the hedge superintergrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		×						
b Name of provider								
c Term of GIC	-							
d Was the regulatory safe harbor for establishing the fair market value of the								
GIC satisfied?								

Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K SCHEDULE K, PART I, BOND ISSUES: Part V

××

Were any gross proceeds invested beyond an available temporary period?

2 9

Did the bond issue qualify for an exception to rebate?

ISSUER NAME: MASSACHUSETTS HEALTH & EDUCATION FACILITIES AUTHORITY F (F)

DESCRIPTION OF PURPOSE:

\$1,927,584 ı CONSTRUCTION - \$603,900; CURRENT REFUNDING Schedule K (Form 990) 2010

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public

Name of the organization

Attach to Form 990.

Inspection **Employer identification number**

	WOODS HOLE R	ESEARC	H CENTER,	INC.		04-3	3005	094	
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contra amounts repo Form 990, Part V	rted on	(d) Method of d noncash contrib	etermır	_	is.
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								
7	Boats and planes .								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities · Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -		i						
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential					-			
16	Real estate - Commercial								
17	Real estate - Other		F	ļ					
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies				_				
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (EQUIPMENT)	X	4	267,	811.	FAIR VALUE			
26	Other ()								
27	Other ()								
28	Other (<u> </u>					
29	Number of Forms 8283 received by the organiz								
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement	29	· · · · · · · · · · · · · · · · · · ·		,	
								Yes	No
30a	During the year, did the organization receive by								
	at least three years from the date of the initial of	contribution	, and which is not	required to be use	ed for exen	npt purposes for			
	the entire holding period?						30a		X
	If "Yes," describe the arrangement in Part II			_					_
31	Does the organization have a gift acceptance p						31		<u>X</u>
32a	Does the organization hire or use third parties	or related or	ganizations to sol	icit, process, or se	II noncash				_
_	contributions?	•					32a		<u>X</u>
	If "Yes," describe in Part II								
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which colur	nn (a) is ch	necked,			
	describe in Part II				_	 _			
_HA	For Paperwork Reduction Act Notice, see	tne Instruc	tions for Form 99	U.		Schedule M	(Form	990) (2010)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

WOODS HOLE RESEARCH CENTER, INC.

Employer identification number 04-3005094

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE WOODS HOLE RESEARCH CENTER (WHRC) IS A PRIVATE, NON-PROFIT RESEARCH ORGANIZATION FOCUSING ON ENVIRONMENTAL SCIENCES. OUR SCIENTISTS COMBINE ANALYSIS OF SATELLITE IMAGES OF THE EARTH WITH FIELD STUDIES TO MEASURE, MODEL, AND MAP CHANGES IN THE WORLD'S ECOSYSTEMS, FROM THE THAWING PERMAFROST IN THE ARCTIC TO THE EXPANDING AGRICULTURE REGIONS OF THE TROPICS. WE WORK LOCALLY AND REGIONALLY, WITH IN-DEPTH EXPERTISE AND COLLABORATIONS IN NORTH AND SOUTH AMERICA AND AFRICA; AND WE ALSO WORK GLOBALLY, WITH EXPERTISE ON HOW HUMANS ARE CHANGING GLOBAL CYCLES OF CARBON, NITROGEN, AND WATER. OUR SCIENTISTS, ECONOMISTS, AND POLICY EXPERTS ARE INTERNATIONALLY RECOGNIZED LEADERS IN THEIR FIELDS. PUBLISHING IN THE HIGHEST QUALITY PEER-REVIEWED JOURNALS AS WELL AS COMMUNICATING SCIENCE IN POLICY ARENAS. WE MERGE NATURAL SCIENCE WITH ECONOMICS TO DISCOVER SUSTAINABLE PATHS FOR HUMAN PROSPERITY AND STEWARDSHIP OF THE EARTH'S NATURAL RESOURCES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ORGANIZATIONS, AND KEY GOVERNMENT AGENCIES, TO DEVELOP A MULTI-SCALE CO-MANAGEMENT SYSTEM INTEGRATING FLOODPLAIN SETTLEMENTS, GRASSROOTS ORGANIZATIONS, AND MUNICIPAL, STATE AND FEDERAL LAND TENURE AND MANAGEMENT AGENCIES.

UNDERSTANDING FIRE IN THE AMAZON BASIN:

FIRE IS AN IMPORTANT AGENT OF TRANSFORMATION IN THE AMAZON LANDSCAPE.

IT IS USED AS A MANAGEMENT TOOL FOR AGRICULTURAL LANDS BUT IT OFTEN

ESCAPES INTO NEIGHBORING FORESTS AND CAUSES ECOLOGICAL DAMAGE THAT IS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Name of the organization

WOODS HOLE RESEARCH CENTER, INC.

Employer identification number 04-3005094

NOT WELL DOCUMENTED OR UNDERSTOOD. SINCE 2004, THE WOODS HOLE RESEARCH CENTER AND THE AMAZON ENVIRONMENTAL RESEARCH INSTITUTE HAVE BEEN CONDUCTING EXPERIMENTAL BURNS ON 150 HECTARES OF FOREST ON THE EDGE OF THE AMAZON RAINFOREST. RESEARCHERS ARE LEARNING HOW THESE ACCIDENTAL FIRES MAY AFFECT THE VIGOR, HEALTH, AND BIODIVERSITY OF THESE FORESTS. WHETHER RECURRING FIRE MAY THREATEN THE VERY EXISTENCE OF THE FOREST THROUGH REGIONAL CLIMATE FEEDBACKS, AND HOW THE REGIONAL CARBON BALANCE IS AFFECTED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: FOREST CARBON DERIVED USING THIS APPROACH, INFORMED WITH EXTENSIVE SATELLITE CANOPY STRUCTURE SAMPLING CALIBRATED WITH CO-LOCATED FIELD MEASUREMENTS. AN INTEGRAL PART OF THE WOODS HOLE RESEARCH CENTER'S PAN-TROPICAL MAPPING INITIATIVE IS THE TRANSFER OF KNOWLEDGE AND SKILLS ABOUT FOREST AND CARBON MAPPING TO THOSE COUNTRIES THAT ARE INCREASINGLY ENGAGED IN INTERNATIONAL EFFORTS TO SLOW DEFORESTATION. THROUGH ON-THE-GROUND FIELD WORK AND COLLABORATIONS, THESE COUNTRIES ARE ABLE TO BETTER EVALUATE ALTERNATIVE OPTIONS FOR MANAGEMENT OF THEIR FOREST RESOURCES. THROUGH WORKSHOPS, A VISITING SCHOLARS PROGRAM, AND OTHER RELATED ACTIVITIES, NEW MAPS ARE BEING PRODUCED, ASSESSED, DISSEMINATED AND DISCUSSED WITH VARIOUS STAKEHOLDERS WITHIN COUNTRIES -INCLUDING REPRESENTATIVES FROM GOVERNMENT, CIVIL SOCIETY, INDIGENOUS AND TRADITIONAL FOREST COMMUNITIES, AND THE PRIVATE SECTOR.

THE CHANGING ARCTIC - RESEARCH AND EDUCATION:

THE ARCTIC IS AT THE EPICENTER OF CLIMATE CHANGE: WARMING IS GREATEST IN THE ARCTIC, ARCTIC ECOSYSTEMS ARE PARTICULARLY SENSITIVE TO WARMING.

AND CHANGES IN THE ARCTIC CAN STRONGLY IMPACT THE GLOBAL CLIMATE

Name of the organization

WOODS HOLE RESEARCH CENTER, INC.

Employer identification number 04-3005094

SYSTEM. PERHAPS MORE THAN ANY OTHER LARGE REGION ON EARTH, THE ARCTIC

FUNCTIONS AS A "SYSTEM" WITH LAND, OCEAN, AND ATMOSPHERIC COMPONENTS OF

THE SYSTEM TIGHTLY COUPLED. SCIENTISTS AT THE WOODS HOLE RESEARCH

CENTER ARE LEADING SEVERAL INTERNATIONAL EFFORTS TO UNDERSTAND BOTH THE

IMPACTS OF CLIMATE CHANGE ON THE ARCTIC AS WELL AS THE FEEDBACKS FROM

THE ARCTIC TO THE GLOBAL CLIMATE SYSTEM. OUR REMOTE SENSING ANALYSES

HAVE SHOWN THAT WHILE MUCH OF THE TUNDRA IS BECOMING GREENER AS GROWING

SEASONS GET LONGER, MUCH OF THE BOREAL FOREST IS BECOMING BROWNER AND

MORE SUSCEPTIBLE TO FIRE BECAUSE OF INCREASINGLY SEVERE SUMMER

DROUGHTS. WE ARE CURRENTLY ASSISTING NASA WITH PLANNING OF A MAJOR NEW

INTEGRATED FIELD CAMPAIGN FOCUSING ON HIGH LATITUDE ECOSYSTEMS.

UNDERSTANDING HUMAN IMPACTS OF THE CHESAPEAKE BAY:

THE CHESAPEAKE BAY IS THE LARGEST ESTUARY IN NORTH AMERICA,

ENCOMPASSING A 168,000 SQ. KILOMETER WATERSHED THAT COVERS PARTS OF SIX

STATES AND THE DISTRICT OF COLUMBIA. THE MIXING OF SALT AND FRESHWATER

IN THE BAY CREATES A DIVERSE AND COMPLEX ECOSYSTEM, WHICH HISTORICALLY

HAS SUPPORTED THOUSANDS OF MIGRATORY AND RESIDENT SPECIES, INCLUDING

OYSTERS, BLUE CRABS, SHAD, HERRING, AND WATERFOWL. THE NUMBERS OF FISH

AND WILDLIFE THAT THE BAY ONCE SUPPORTED HAS DIMINISHED DRASTICALLY DUE

IN PART TO OVERHARVESTING AND DISEASE, BUT POLLUTION FROM URBAN RUNOFF,

AGRICULTURE, AND INADEQUATE SEWAGE TREATMENT HAS CAUSED A SERIOUS

DECLINE IN WATER QUALITY. BECAUSE THE CONVERSION OF NATURAL RESOURCE

LANDS TO DEVELOPED LAND COVER POSES A SIGNIFICANT THREAT TO THE

CHESAPEAKE BAY, WOODS HOLE RESEARCH CENTER SCIENTISTS HAVE FOCUSED

EFFORTS ON MEASURING AND SIMULATING AND PREDICTING URBAN AND SUBURBAN

LAND USE CHANGE, INCLUDING THE AREA OF PAVED SURFACES AND OTHER URBAN

LANDSCAPE FEATURES AND HOW THEY AFFECTS WATER QUALITY AND THE INTENSITY

Name of the organization **Employer identification number** WOODS HOLE RESEARCH CENTER, INC. 04-3005094 OF STORM RUNOFF. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: STAKEHOLDERS TO FORWARD INTERNATIONAL CLIMATE CHANGE NEGOTIATIONS THROUGH THE UNITED NATIONS PROCESS. WE HAVE COSPONSORED SIDE EVENTS AND WORKSHOPS AT MOST OF THE RECENT COP MEETINGS, INCLUDING THE DURBAN MEETING IN DECEMBER 2011, WHERE OUR PRESENTATIONS WILL FOCUS ON MERGING ANALYSES OF ACCURACY OF FOREST CARBON MEASUREMENTS WITH ECONOMIC RETURNS FOR COUNTRIES PARTICIPATING IN FUTURE INITIATIVES ON REDUCED EMISSIONS FROM DEFORESTATION AND FOREST DEGRADATION (REDD+). FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: CARBON THE GLOBAL CARBON CYCLE: CARBON, IN THE FORM OF CARBON DIOXIDE (CO2), IS THE MAJOR GREENHOUSE GAS RELEASED TO THE ATMOSPHERE AS A RESULT OF HUMAN ACTIVITIES. THE CONTINUED RELEASE OF GREENHOUSE GASES IS RAISING THE TEMPERATURE OF THE EARTH, DISRUPTING THE CLIMATES WE AND OUR AGRICULTURAL SYSTEMS DEPEND ON, AND RAISING SEA-LEVEL. THE CONCENTRATION OF CO2 IN THE ATMOSPHERE HAS ALREADY INCREASED BY NEARLY 40% SINCE THE START OF THE INDUSTRIAL REVOLUTION AND WILL CONTINUE TO INCREASE UNLESS SOCIETY ELIMINATES THE USE OF FOSSIL FUELS. MOST OF THE INCREASE IN ATMOSPHERIC CO2 CONCENTRATIONS HAS COME FROM AND WILL CONTINUE TO COME FROM THE USE OF FOSSIL FUELS (COAL, OIL, AND NATURAL GAS) FOR ENERGY, BUT MORE THAN 30% OF THE INCREASE OVER THE LAST 150 YEARS CAME FROM CHANGES IN LAND USE. SCIENTISTS AT THE WOODS HOLE RESEARCH CENTER ARE INVOLVED IN DETERMINING THE ROLE TERRESTRIAL ECOSYSTEMS PLAY IN THE GLOBAL CARBON

Name of the organization Employer identification number WOODS HOLE RESEARCH CENTER, INC. 04-3005094 CYCLE. WE TRACK CHANGES IN LAND USES, ESPECIALLY DEFORESTATION AND REFORESTATION, AND CALCULATE THE NET RELEASED OF CARBON FROM THE LAND TO THE ATMOSPHERE. THIS NOT ONLY HELPS US UNDERSTAND WHY CARBON DIOXIDE IS INCREASING IN THE ATMOSPHERE AT ITS CURRENT RATE, BUT IT ALSO HELPS IDENTIFY ECOSYSTEMS THAT HAVE THE POTENTIAL THROUGH REFORESTATION TO STORE MORE CARBON THAN THEY CURRENTLY DO. EXPENSES \$ 311,743. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. SOILS STUDYING CARBON SEQUESTRATION AND TRACE GAS EMISSIONS IN NEW ENGLAND FORESTS: WOODS HOLE RESEARCH CENTER SCIENTISTS AND COLLABORATORS FROM THE UNITED STATES FOREST SERVICE, UNIVERSITY OF MAINE, QUEENOS UNIVERSITY, AND HARVARD UNIVERSITY ARE STUDYING THE HOWLAND FOREST IN MAINE AND THE HARVARD FOREST IN MASSACHUSETTS TO MEASURE CARBON SEQUESTRATION -- THE AMOUNT OF CARBON THAT THE FOREST ACCUMULATES IN TREES, DEADWOOD AND SOIL. THIS WORK FURTHERS THE UNDERSTANDING OF HOW CLIMATE AND MANAGEMENT AFFECT THE RATE AT WHICH FORESTS STORE CARBON, BOTH NOW AND IN THE FUTURE. WE ARE ALSO MAKING THE FIRST FIELD MEASUREMENTS OF METHANE AND NITROUS OXIDE FLUXES WITH A NEW LASER TECHNOLOGY THAT PROVIDES ROUND-THE-CLOCK MEASUREMENTS OF THESE IMPORTANT GREENHOUSE GASES, THUS IMPROVING ACCURACY OF FLUX MEASUREMENTS AND INSIGHT INTO THE CLIMATIC FACTORS THAT AFFECT THOSE FLUXES. NATIONAL AND INTERNATIONAL NITROGEN ASSESSMENTS: HUMAN ALTERATIONS OF THE NITROGEN CYCLE HAVE CAUSED A VARIETY OF ENVIRONMENTAL AND HUMAN HEALTH PROBLEMS RANGING FROM TOO LITTLE TO TOO Schedule O (Form 990 or 990-EZ) (2010) Name of the organization Employer identification number WOODS HOLE RESEARCH CENTER, INC. 04-3005094 MUCH REACTIVE NITROGEN IN THE ENVIRONMENT. THE WOODS HOLE RESEARCH CENTER HOSTS THE NORTH AMERICAN COORDINATION OF THE INTERNATIONAL NITROGEN INITIATIVE AND LEADS AN NSF-FUNDED RESEARCH COORDINATION NETWORK ON REACTIVE NITROGEN. WE ARE CURRENTLY WORKING ON A SERIES OF REPORTS AND PUBLICATIONS ON THE INTERACTIONS OF CLIMATE AND NITROGEN, WHICH WILL BE SUBMITTED TO THE NATIONAL CLIMATE ASSESSMENT. EXPENSES \$ 607,172. INCLUDING GRANTS OF \$ 9,999. REVENUE \$ 0. GLOBAL FOREST -THE STUDY OF FORESTS OF THE WORLD THROUGH FIELD WORK AND REMOTE SENSING TO UNDERSTAND THEIR FUNCTIONING AS WELL AS HOW THEY CHANGE OVER TIME. FORESTS ARE BOTH A MAJOR RESERVOIR OF CARBON IF LEFT INTACT AND A MAJOR SINK FOR CO2 AS THEY GROW. EXPENSES \$ 48,108. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EDUCATION -IN FISCAL YEAR 2011, THE WOODS HOLE RESEARCH CENTER SPONSORED A VARIETY OF EDUCATION EXPERIENCES. THESE RANGED FROM EXPANDING THE CENTER'S LIBRARY RESOURCES TO ACCEPTING SPEAKING OPPORTUNITIES TO SPREAD THE WORD ON THE PERILS OF DEFORESTATION. ADDITIONALLY, THE CENTER BEGAN AN INSTITUTIONAL ACTIVITY AIMED AT STRENGTHENING THE BOARD AND ENSURING THE CLEAREST POSSIBLE ARTICULATION OF THE CENTER'S PRIORITIES. THIS LATTER WAS JUST THE BEGINNING OF AN EDUCATION PROCESS THAT WILL ASSIST THE CENTER IN DISSEMINATING ITS WORK IN WAYS THAT WILL HAVE THE MOST IMPACT AND LEAD TO BETTER POLICY AND SUSTAINED CHANGE. EXPENSES \$ 50,508. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010) Page 2 Name of the organization **Employer identification number** WOODS HOLE RESEARCH CENTER, INC. 04-3005094 HYDROLOGY GOBAL RIVERS PROJECT: SCIENTISTS FROM THE WOODS HOLE RESEARCH CENTER HAVE JOINED WITH COLLABORATORS AROUND THE WORLD TO INVESTIGATE RIVER CHEMISTRY AND LAND-OCEAN LINKAGES IN SEVEN GLOBALLY SIGNIFICANT RIVER SYSTEMS: THE CONGO, YANGTZE, LENA, BRAHMAPUTRA, GANGES, KOLYMA, AND FRAZER. BEGUN IN 2009. THE GLOBAL RIVERS PROJECT IS MEASURING CONCENTRATIONS OF CARBON, NITROGEN, PHOSPHORUS, AND OTHER NATURALLY OCCURRING COMPOUNDS IN THE RIVERS NEAR THEIR MOUTHS WHERE THEY EMPTY INTO THE OCEAN. SAMPLES ARE ALSO BEING COLLECTED FROM KEY TRIBUTARIES UPSTREAM IN THE WATERSHEDS TO INVESTIGATE HOW CHEMICAL SIGNATURES VARY REGIONALLY OR IN AREAS WITH DIFFERING LAND COVER OR LAND USE. THE AMAZON RIVER HAS RECENTLY BEEN ADDED TO THE SAMPLING SCHEDULE. THIS PROJECT WILL ALLOW US TO ESTABLISH A BASELINE FROM WHICH DEVIATIONS WILL DEMONSTRATE INTEGRATED RESPONSES OF THE UPSTREAM EFFECTS OF CLIMATE CHANGE AND LAND USE CHANGE ON TERRESTRIAL AND AQUATIC ECOSYSTEMS. OUR RELATED "POLARIS PROJECT" IS AN INNOVATIVE INTERNATIONAL COLLABORATION BETWEEN STUDENTS, TEACHERS, AND SCIENTISTS TO TRAIN FUTURE LEADERS IN ARCTIC RESEARCH AND EDUCATION AND TO INFORM THE PUBLIC ABOUT THE PROFOUND TRANSFORMATIONS UNDERWAY IN THE ARCTIC IN RESPONSE TO GLOBAL WARMING. THROUGH A MONTH-LONG FIELD COURSE IN THE SIBERIAN ARCTIC AND OTHER OUTREACH ACTIVITIES, STUDENTS AND SCIENTISTSO INVESTIGATE THE TRANSPORT AND TRANSFORMATIONS OF CARBON AND NUTRIENTS

WITH AN EMPHASIS ON THE LINKAGES AMONG THE DIFFERENT ECOSYSTEMS, AND

AS THEY MOVE WITH WATER FROM TERRESTRIAL UPLANDS TO THE ARCTIC OCEAN,

Name of the organization

WOODS HOLE RESEARCH CENTER, INC.

Employer identification number 04-3005094

HOW PROCESSES OCCURRING IN ONE COMPONENT INFLUENCE THE OTHERS.

EXPENSES \$ 658,111. INCLUDING GRANTS OF \$ 11,729. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY THE

CENTER'S INDEPENDENT ACCOUNTANTS AND SUBMITTED TO THE VICE PRESIDENT AND

DIRECTOR, FINANCE AND ADMINISTRATION AS WELL AS THE CONTROLLER FOR GENERAL

REVIEW. THE BOARD FINANCE COMMITTEE THEN REVIEWS THE FORM 990 PRIOR TO

SUBMISSION. THE FORM 990 WILL CONTINUE TO BE SUBMITTED TO THE FULL BOARD

PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 15: IN ESTABLISHING THE COMPENSATION

LEVEL FOR THE EXECUTIVE DIRECTOR, THE EXECUTIVE/COMPENSATION COMMITTEE OF

THE BOARD USES AN EMPLOYMENT ATTORNEY TO ASSIST WITH STRUCTURE, GATHERS

COMPARABILITY DATA FROM GUIDESTAR, COMMITTEE EXPERIENCE AND THE ATTORNEY,

CONSIDERS THE INDIVIDUAL'S COMPENSATION HISTORY AND EXPERIENCE AND MAKES A

RECOMMENDATION THAT IS DOCUMENTED AND VALIDATED BY E-MAIL.

FROM TIME TO TIME THE ORGANIZATION ENGAGES AN OUTSIDE FIRM TO COMPLETE

COMPENSATION SURVEYS TO ENSURE THAT LINE POSITIONS ARE COMPETITIVE AND

COMPARABLE. FOR CERTAIN SENIOR POSITIONS THE ORGANIZATION MAY ALSO USE A

SEARCH FIRM OR EMPLOYMENT ATTORNEY TO HELP ESTABLISH APPROPRIATE

COMPENSATION LEVELS.

FORM 990, PART VI, SECTION C, LINE 19: THE CENTER'S FINANCIAL STATEMENTS

ARE AVAILABLE BY REQUEST, AND ON OUR WEBSITE (WHRC.ORG). THE CENTER DOES

NOT GENERALLY MAKE AVAILABLE ITS GOVERNANCE DOCUMENTS OR ITS CONFLICT OF

INTEREST POLICY.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

01-24-11

Förm 8868 (Rev. 1-2011)				Page 2
If you are filing for an Additional (Not Automatic) 3-Month Extended	tension, d	complete only Part II and check this bo	×	X
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously filed	Form 8868.	
Ulf you are filing for an Automatic 3-Month Extension, complete				
Partil Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the onginal (no co	opies needed).	
Type or Name of exempt organization			Employer identification	number
print				
WOODS HOLE RESEARCH CENTER,			04-3005094	
extended Number, street, and room or suite no. It a P.O. box, so	ee instruc	tions.		
filing your 147 WOODD HODE ROAD				
return. See City, town or post office, state, and ZIP code. For a formstructions. FALMOUTH, MA 02540	oreign add	iress, see instructions.		
FALMOUTH, MA 02540				
S. I. II. Datum and facility and an Abraham Abraham in facilities in facilities		As an about a discount of the same		
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)		0 1
Application	Return	Application		Return
ls For	Code	Is For		Code
Form 990	01			
Form 990-BL	02	Form 1041-A		08
Form 990-EZ	03	Form 4720		09
Form 990-PF	04	Form 5227		10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T (trust other than above)	06	Form 8870		12
STOPI Do not complete Part II if you were not already granted	i an autor	natic 3-month extension on a previou	sly filed Form 8868.	
• The books are in the care of ▶ 149 WOODS HOLE	ם גסם	PATMOTTELL NA 025	10	
Telephone No. ► 508-444-1511	KUAD	- FALMOUTH, MA 0254 FAX No. ▶		
 If the organization does not have an office or place of business 	s in the 1 h			\Box
If this is for a Group Return, enter the organization's four digit				back this
box . If it is for part of the group, check this box				
4 I request an additional 3-month extension of time until		15, 2012		·- <u>/-</u>
5 For calendar year, or other tax year beginning		<u> </u>	JUN 30, 2011	
6 If the tax year entered in line 5 is for less than 12 months, c			Final return	
Change in accounting period				
7 State in detail why you need the extension				
ADDITIONAL TIME IS NEEDED TO	<u>GATHE</u>	R INFORMATION TO COM	PLETE THE RET	URN.
			- 	
			<u> </u>	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	1 - 1 -	•
nonrefundable credits. See instructions.			8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	•			
tax payments made. Include any prior year overpayment all	iowed as	a credit and any amount paid		0.
previously with Form 8868.	woont wi	th this form if required by using	8b \$	<u> </u>
 Balance due. Subtract line 8b from line 8a. Include your pa EFTPS (Electronic Federal Tax Payment System). See instr 	•	ar ans form, it required, by using		0.
		nd Verification	8c \$	<u> </u>
Under penalties of perjury, I declare that I have examined this form, includ			e hest of my knowladne and h	elief
it is true, correct, and complete, and that I am authorized to prepare this for	orm.	panying schoolics and statements, and to th	o bost of thy knowledge did b	unci,
Signature Dunn Woodson Title	_	· GPa	ADate ▶ 1/25/12	<u></u>
	. نشت.		Form 8868 (Re	ev 1.2011)