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DLN: 93493318041482

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)

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

OMB No 1545-0047

Open to Public Inspection

calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012 A For the 2011 D Employer identification number **B** Check if applicable WOODS HOLE RESEARCH CENTER INC Address change 04-3005094 E Telephone number Doing Business As Name change (508) 540-9900 ☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 10,081,706 Terminated City or town, state or country, and ZIP + 4 FALMOUTH, MA 02540 Amended return Application pending Name and address of principal officer Is this a group return for ERIC A DAVIDSON 149 WOODS HOLE ROAD FALMOUTH, MA 02540 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) **▽** 501(c)(3) **┌** 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Group exemption number Website: ► WHRC ORG K Form of organization Corporation Trust Association L Year of formation 1988 M State of legal domicile MA Part I Summary Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance Check this box দ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 23 Number of independent voting members of the governing body (Part VI, line 1b) . 19 4 5 68 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 0 Total number of volunteers (estimate if necessary) 6 **7a** Total unrelated business revenue from Part VIII, column (C), line 12 0 7a **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 6,755,270 7,074,199 8 Contributions and grants (Part VIII, line 1h) . 9 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 275,548 201,459 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21,516 27,522 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 7,052,334 7,303,180 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 2,976,328 2,240,007 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 6,300,873 5,637,624 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 816,151 3,219,109 2,973,595 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 12,496,310 10,851,226 19 Revenue less expenses Subtract line 18 from line 12 . -5,443,976 -3,548,046 t Assets or ind Balances **Beginning of Current End of Year** Year 20,929,456 16,134,375 20 Total assets (Part X, line 16) . . . Net / 21 Total liabilities (Part X, line 26) . . 3,991,085 2,747,147 13,387,228 22 Net assets or fund balances Subtract line 21 from line 20 16,938,371 Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here MELANIE B POWERS VP/DIRECTOR, FINANCE AND ADMIN Type or print name and title Date Check if Preparer's taxpayer identification number Preparer's CRAIG A STEVENS CPA Paid P01289490 employed 🕨 🧧 Preparer's CALIBRE CPA GROUP PLLC Firm's name (or yours

7501 WISCONSIN AVENUE SUITE 1200 WE

BETHESDA, MD 20814

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

if self-employed), address, and ZIP + 4

Use Only

EIN 147-0900880

Phone no (202) 331-9880

orm 9	90 (2011)							Page 2
Part	Ш		of Program Servi			rt III .			
1	Briefl	ly describe the o	organization's mission						
			C DISCOVERY AND S						AND
CON	OMIC	C CHALLENGES	THROUGH RESEARC	CH AND EDU	CATION ON FOR	ESTS, SOIL	S, AIR, AND WATE	R	
2	Did th	ne organization i		int program se	ervices during the		were not listed on		
		rior Form 990 or						┌ Yes ┌ No	
			se new services on Sc						
		ne organization o ces?	cease conducting, or m	nake significar	nt changes in how	ııt conducts,	, any program	┌ Yes ┌ No	1
			se changes on Schedu	le O				, 165 , 165	
	exper	nses Section 50	ation's program service 01(c)(3) and 501(c)(4) s to others, the total e) organization:	s and section 494	47(a)(1) trus	ts are required to re	eport the amount	
4a	(Code	e) (Expenses \$	4,788,348	ıncludıng grants of	\$	1.717.312) (Revenue \$)
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4b	(Code	<u> </u>) (Expenses \$	1,821,061	ıncludıng grants of	\$	509,595) (Revenue \$		<u> </u>
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4c	(Code) (Expenses \$	618,045	ıncludıng grants of	\$) (Revenue \$		0)
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	(Code	e) (Expenses \$	639,494	ıncludıng grants of	<u> </u>	13,100) (Revenue \$)
	SOILS EXIST SUPPI THE I AMAZ GASE: AND I OPTIM GOOD CLIM/ ATMO INTEN GREE LED S AGRIG REMO	S - SOILS STORE MC S IN ALL OF THE PL ORT PRODUCTIVE A DEVELOPMENT OF P ON, WHRC STUDIES S, AND THE QUALIT MORE RECENT FOR MIZING CROP PROD D MANAGEMENT OF ATE AIR - HUMAN-OSPHERE CLIMATE NHOUSE GASES IN THE NHOUSE GASES IN THE OTHER OF THE COLLITICATION COLLITICATION OF THE GLACITERS IN OF	RE THAN TWICE AS MUCH ANTS BIOMASS OF THE WO AGRICULTURE AND FOREST OLICY FOCUSED ON A SUST STHE RESULTS OF CLEARINY OF STREAM WATER IN NEST HARVESTING ON SOIL CUCTIVITY WHILE MINIMIZING THE SOIL SUPPORTS BIOLO CAUSED CLIMATE CHANGE CHANGE MEANS HIGHER AVE ARCTIC, AMONG OTHER TO THE AIR FOM THE REGMENTS OF NITROGEN IN AIR SOF THE HEAT TRAPPING COLORDER TO INTERMENTS OF THE HEAT TRAPPING COLORDER TO IDENTIFY THE SOUBE AFFECTING FOOD WEBS	CARBON AS CUR RLD'S FORESTS A RY WHRC RESE, FAINABLE BALANC NG FORESTS FOR EW ENGLAND, W CARBON STORAG NG UNINTENDED GICAL DIVERSIT IS OCCURRING E VERAGE TEMPERA LOCALES, WHRC ION'S WETLANDS R POLLUTION, IN JAS, NITROUS O JRCES OF THIS A	RENTLY EXISTS IN TO AND GRASSLANDS SO ARCH REVEALS THE I SE BETWEEN ENVIROR AGRICULTURE IN TO HRC STUDIES THE LE LOSSES OF SOIL NITO WATER AND FOOD BECAUSE EXCESSIVE ATURES (GLOBAL WAR RESEARCH SHOWS H AND PERMAFROST SO AND PERMAFROST SO CLUDING INDUSTRIA GIDE WHRC HAS RESAIR POLLUTION THIS	HE ATMOSPHER DILS ALSO PURI MPORTANCE OF NMENTAL HEALT ERMS OF CHAN- EGACY OF 19TH ED ASSESSMENT ROGEN AS AIR A PRODUCTION, AMOUNTS OF H RMING) AND MO HOW THE RAPID SOILS AND THUS L AND TRANSPO SEARCHED THE DARK-COLORE	E, AND MORE THAN THE FY WATER AND CYCLE F F SOIL, INFORMS MANAC TH AND ECONOMIC DEVE GES IN SOIL FERTILITY, CENTURY FARMING, SO AND WATER POLLUTION AND IS INTEGRAL TO THE EAT-TRAPPING GASES A DRE EXTREME WEATHER O CHANGE IN CLIMATE CO ACCELERATES THE RA DRATATION SOURCES OF CHEMICAL CHARACTER: ED SOOT IS CAUSING TH	REE TIMES AS MUCH PLANT NUTRIENTS NI GEMENT PRACTICE, A ELOPMENT IN THE B PRODUCTION OF GF UBSEQUENT FOREST OUL NITROGEN MANA OUR WORK DEMON HE MAINTENANCE OF RE ACCUMULATING IS EVENTS SUCH AS D EAUSES THE RELEASE THE OF CHANGE WHI NITROGEN OXIDES A ISTICS OF SOOT FOL	EEDED TO AND SUPPORTS BRAZILIAN REENHOUSE REGROWTH, GEMENT FOR NSTRATES THAT F A STABLE IN OUR RROUGHTS AND E OF RC HAS ALSO AND JND ON

Other program services (Describe in Schedule O) (Expenses \$ 639,494 including grants of \$ 13,100) (Revenue \$

Total program service expenses►\$

7,866,948

art IV	Check	list of	Required	Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	<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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 38			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
а	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
h	year?	3b		110
	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 or securities	 		
	account)?	4a		Νo
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			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		
	The storme sator 50, did the organization me Form 6886-17	5c		
3	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
_	organization solicit any contributions that were not tax deductible?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	,,,		
-				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	70		N.o.
£	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	/1		INO
y	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		
	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		
	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		
)	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities ————————————————————————————————————			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	,			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand 13c			
1 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		.,,,

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

Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax							
Ia	year							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No				
4								
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		Νo				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
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		No				
	ection B. Policies (This Section B requests information about policies not required by the Internal							
Re	evenue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
ь	Were officers, directors or trustees, and key employees required to disclose annually interests that could give							
	rise to conflicts?	12b	Yes					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Se	ection C. Disclosure							
17								
4.0	Section 6104 requires an organization to make its Form 1022 (or 1024 if applicable) 990, and 990, T (501/c)							

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 ✓ Own website. ✓ Another's website. ✓ Upon request
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public See Additional Data Table

 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

MELANIE B POWERS 149 WOODS HOLE ROAD FALMOUTH,MA 02540 (508)444-1511

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	mor unles an	ition (do not check Repore than one box, compess person is both an officer and a organi					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e tha	n one son er ai	e bo is bo nd a stee	x, oth)		(D) Reporta compens from th organizatio	ation ne on (W-	(E) Reportable compensation from related organizations (W- 2/1099-	table Estima amount of lated compens from t 099- organizations				
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza			
				<u> </u>			<u> </u>					\perp				
See A	dditional Data Table															
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								Ļ		Т						
1b	Sub-Total			• •	•	•		<u>▶</u>								
С	Total from continuation sheets		tion A	• •	•	•		<u>-</u>	1 7	41,281		0		267 100		
d	Total (add lines 1b and 1c) .				•		•					٩		267,198		
2	Total number of individuals (incli \$100,000 of reportable compens						above.) who	received m	ore tha	n					
											F		Yes	No		
3	Did the organization list any for				e, k	ey e	mploy	ee, c	or highest co	mpens	ated employee					
	on line 1a? If "Yes," complete Sch				•	•	•	•		•	• • •	3	Yes			
4	For any individual listed on line 1 organization and related organization															
	individual	····		•		•	• •	•	·			4	Yes			
5	Did any person listed on line 1a	receive or accru	ie comp	ensa	ition	fror	n any i	unre	lated organi:	zation d	r individual for					
	services rendered to the organiz								_		•	5		Νo		
											L					
Se	ection B. Independent Con															
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio														
		(A)	dros-							D	(B)		(C			
	Nan	ne and business add	ness							Desci	iption of services	\dashv	Comper	isation		
												T				
												\dashv				
	Total number of independent conti	ractors (includir		at lun	nıta e	1 +0 1	+11		<u> </u>			-+				

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V	/	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
芸芸	1a	Federated campaigns 1a					
医室	b	Membership dues 1b					
3,€	c	Fundraising events 1c					
Æ	d	Related organizations 1d					
چ ⊒`ئ	e	Government grants (contributions) 1e	4,991,351				
준	f	All other contributions, gifts, grants, and 1f	2,082,848		i		
돌		similar amounts not included above — Noncash contributions included in					
<u> </u>	g	lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶	7,074,199			
<u> </u>			ısıness Code				
E e	2a		isiness code				
Ye.							
22	b						
Š	C						
ja S	d						
Program Serwce Revenue	e						
\	f	All other program service revenue					
ž	g						
	3	Investment income (including dividends, i	+				
		and other similar amounts)	H	127,380			127,380
	4	Income from investment of tax-exempt bond proce	<u> </u>				
	5	Royalties	▶ [
			ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	l c	Rental income					
	d	or (loss) Net rental income or (loss)	•				
	"	(i) Securities	(II) Other				
	7a	Gross amount 2,852,605	(II) Other				
	"	from sales of assets other					
		than inventory					
	b	Less cost or 2,778,526 other basis and					
		sales expenses Gain or (loss) 74,079					
	L C	` '		74,079			74,079
	d 8a	1		74,079			74,079
ψ	Oa	Gross income from fundraising events (not including					
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18					
년 -	ь	Less direct expenses b					
ŏ	c	Net income or (loss) from fundraising ever	its 🕨				
	9a	Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activitie	s				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of invento	ry ►				
		· · ·	ısıness Code				
	11a	MISCELLANEOUS	900099	27,522			27,522
	ь						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d	 				
	12	Total revenue. See Instructions	•	27,522			
	I			7,303,180	ol	0	228,981

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do no	heck if Schedule O contains a response to any question in this Part IX ot include amounts reported on lines 6b, o, 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 United States See Part IV, line 21	1,104,902	1,104,902		<u>'</u>
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	1,135,105	1,135,105		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	851,267	208,038	551,799	91,430
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,904,958	2,230,841	472,146	201,971
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	330,242	214,423	90,024	25,795
9	Other employee benefits	1,222,118	795,179	330,784	96,155
10	Payroll taxes	329,039	213,642	89,696	25,701
11	Fees for services (non-employees)				
а	Management				
b	Legal	11,241	1,800	8,301	1,140
c	Accounting	41,202		41,202	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	47,800		47,800	
g	Other	363,664	147,612	84,693	131,359
12	Advertising and promotion	430	430		
13	Office expenses	329,398	77,989	187,420	63,989
14	Information technology	151,611	74,725	65,224	11,662
15	Royalties				
16	Occupancy	161,204	157	160,692	355
17	Travel	465,509	401,982	31,630	31,897
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	287,301	287,301		
20	Interest	2,896		2,896	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	735,310		735,310	
23	Insurance	39,227		39,227	
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 O)				
а	RESEARCH SUPPLIES AND E	266,945	266,945		
b	PRINTING	69,857	4,790	3,104	61,963
С	ALLOCATION OF COMMON EX	0	701,087	-773,821	72,734
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,851,226	7,866,948	2,168,127	816,151
26	Joint costs. Check here ► ☐ If 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 solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,670,705 575,510 1 1 13.837 2 272,473 2 3 3,723,766 2.093,130 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 591,437 9 179,528 Prepaid expenses and deferred charges 13,460,926 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 5,272,192 8,568,746 10c 8, 188, 734 5,866,608 4,849,055 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 235,721 15 15 234,581 20,929,456 16,134,375 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 1,258,294 485,947 17 17 Accounts payable and accrued expenses . 18 18 19 354,001 19 0 20 2.303.863 20 2.188.531 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 74,927 25 72,669 D 26 3,991,085 26 2,747,147 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 7,649,519 27 7,420,952 Unrestricted net assets 5,621,123 28 2,292,447 28 Temporarily restricted net assets Fund 29 3,667,729 29 3,673,829 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 16.938.371 33 13.387.228 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 20.929.456 16.134.375 34

Ра	Check if Schedule O contains a response to any question in this Part XI			.√	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,3	303,180
2	Total expenses (must equal Part IX, column (A), line 25)	2			351,226
3	Revenue less expenses Subtract line 2 from line 1	3		-3,5	548,046
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		16,9	38,371
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-3,097
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		13,3	387,228
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	দ	
		_		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separated basis	sued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	•	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

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DLN: 93493318041482

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Employer identification number

WOODS HOLE RESEARCH CENTER INC Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e Ion In ted In Erning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga	e on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
					ļ				
Total									

instructions

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify

	under Part III. If the	e organization	fails to qualify u	nder the tests l	isted below, ple	ase cor	nplete F	Part III.)
	ection A. Public Support	_	<u> </u>	<u> </u>	Г		Т	
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,789,73	3 19,219,409	9,510,898	6,755,270	7	,074,108	50,349,418
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	7,789,73	3 19,219,409	9,510,898	6,755,270	7	,074,108	50,349,418
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)							13,734,328
6	Public Support. Subtract line 5							25.545.000
	from line 4							36,615,090
	ection B. Total Support							
Cale	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	beginning in) A mounts from line 4	7,789,733	19,219,409	9,510,898	6,755,270	7.	074,108	50,349,418
8	Gross income from interest,	.,,	13,213,103	3,020,030	5,155,215	,	0.1,200	
•	dividends, payments received on securities loans, rents, royalties and income from similar sources	495,170	276,174	127,343	118,307		127,380	1,144,374
	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	35,644	33,836	9,986	21,516		27,522	128,504
11	Total support (Add lines 7 through 10)							51,622,296
12	Gross receipts from related activiti					12		
13	First Five Years If the Form 990 is check this box and stop here			, third, fourth, or fi	fth tax year as a s	501(c)(3) organiz	ation, ▶
<u></u>	ection C. Computation of Pub Public Support Percentage for 201			11 column (f))		14		70.020.0/
15	Public Support Percentage for 201	-		11 COIGIIII (1/)		 		70 930 %
		ŕ	ŕ	, am lime 4 5 11	ma 1.4 := 3.3 : (5.5)	15	ab = = 1: 11	70 060 %
b	33 1/3% support test—2011. If the and stop here. The organization qua 33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization meeorganization	alifies as a public organization did n qualifies as a p — 2011. If the org tion meets the "i	ly supported orga I not check the boo ublicly supported Ianization did not o facts and circumst	nization k on line 13 or 16 organization check a box on lin cances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b ck this box and st e	33 1/3% · and line op here.	or more, o : 14 Explain	check this
ь 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private Foundation If the organizationstructions	nization meets th tion meets the "i	e "facts and cırcu facts and cırcumst	mstances" test, c ances" test The	heck this box and organization quali	d stop he Ifies as a	e re. n publicly	▶ □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

Additional Data

Software ID: Software Version:

EIN: 04-3005094

Name: WOODS HOLE RESEARCH CENTER INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

) (Expenses \$ 639,494 including grants of \$ 13,100) (Revenue \$ (Code SOILS - SOILS STORE MORE THAN TWICE AS MUCH CARBON AS CURRENTLY EXISTS IN THE ATMOSPHERE, AND MORE THAN THREE TIMES AS MUCH CARBON AS EXISTS IN ALL OF THE PLANTS BIOMASS OF THE WORLD'S FORESTS AND GRASSLANDS SOILS ALSO PURIFY WATER AND CYCLE PLANT NUTRIENTS NEEDED TO SUPPORT PRODUCTIVE AGRICULTURE AND FORESTRY WHRC RESEARCH REVEALS THE IMPORTANCE OF SOIL, INFORMS MANAGEMENT PRACTICE, AND SUPPORTS THE DEVELOPMENT OF POLICY FOCUSED ON A SUSTAINABLE BALANCE BETWEEN ENVIRONMENTAL HEALTH AND ECONOMIC DEVELOPMENT IN THE BRAZILIAN AMAZON. WHRC STUDIES THE RESULTS OF CLEARING FORESTS FOR AGRICULTURE IN TERMS OF CHANGES IN SOIL FERTILITY, PRODUCTION OF GREENHOUSE GASES, AND THE QUALITY OF STREAM WATER IN NEW ENGLAND, WHRC STUDIES THE LEGACY OF 19TH CENTURY FARMING, SUBSEQUENT FOREST REGROWTH, AND MORE RECENT FOREST HARVESTING ON SOIL CARBON STORAGE THE WHRC HAS LED ASSESSMENTS OF AGRICULTURAL SOIL NITROGEN MANAGEMENT FOR OPTIMIZING CROP PRODUCTIVITY WHILE MINIMIZING UNINTENDED LOSSES OF SOIL NITROGEN AS AIR AND WATER POLLUTION OUR WORK DEMONSTRATES THAT GOOD MANAGEMENT OF THE SOIL SUPPORTS BIOLOGICAL DIVERSITY, WATER AND FOOD PRODUCTION, AND IS INTEGRAL TO THE MAINTENANCE OF A STABLE CLIMATE AIR - HUMAN-CAUSED CLIMATE CHANGE IS OCCURRING BECAUSE EXCESSIVE AMOUNTS OF HEAT-TRAPPING GASES ARE ACCUMULATING IN OUR ATMOSPHERE CLIMATE CHANGE MEANS HIGHER AVERAGE TEMPERATURES (GLOBAL WARMING) AND MORE EXTREME WEATHER EVENTS SUCH AS DROUGHTS AND INTENSE STORMS. IN THE ARCTIC, AMONG OTHER LOCALES. WHRC RESEARCH SHOWS HOW THE RAPID CHANGE IN CLIMATE CAUSES THE RELEASE OF GREENHOUSE GASES INTO THE AIR FROM THE REGION'S WETLANDS AND PERMAFROST SOILS AND THUS ACCELERATES THE RATE OF CHANGE WHRC HAS ALSO LED SCIENTIFIC ASSESSMENTS OF NITROGEN IN AIR POLLUTION, INCLUDING INDUSTRIAL AND TRANSPORTATION SOURCES OF NITROGEN OXIDES AND AGRICULTURAL SOURCES OF THE HEAT TRAPPING GAS, NITROUS OXIDE WHRC HAS RESEARCHED THE CHEMICAL CHARACTERISTICS OF SOOT FOUND ON REMOTE GLACIERS IN ORDER TO IDENTIFY THE SOURCES OF THIS AIR POLLUTION THIS DARK-COLORED SOOT IS CAUSING THE GLACIERS TO MELT MORE RAPIDLY AND MAY ALSO BE AFFECTING FOOD WEBS IN THE RIVERS AND OCEANS RECEIVING GLACIAL MELTWATER

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

Compensated Employees, and I	ndepende	nt Co	ntra	cto	rs				, , ,	
(A) Name and Title	(B) Average hours per		(ition that a		y)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
WILHELM MERCK CHAIR	5 0 0	Х						0	0	0
NEAL BROWN CLERK	3 00	х		х				0	0	0
JOHN H ADAMS DIRECTOR	2 00	Х						0	0	0
STEPHEN T CURWOOD DIRECTOR	2 00	Х						0	0	0
IRIS FANGER DIRECTOR	2 00	Х						0	0	0
JOSHUA R GOLDBERG DIRECTOR	2 00	Х						0	0	0
STUART GOODE DIRECTOR	2 00	Х						0	0	0
DAVID HAWKINS DIRECTOR	2 00	Х						0	0	0
ROBERT M HOLMES DIRECTOR	40 00	Х						126,616	0	27,502
LILY RICE HSIA DIRECTOR	2 00	Х						0	0	0
LAWRENCE S HUNTINGTON DIRECTOR	2 00	Х						0	0	0
CASEY LAMBERT DIRECTOR	2 00	Х						0	0	0
THOMAS E LOVEJOY DIRECTOR	2 00	Х						0	0	0
VICTORIA LOWELL DIRECTOR	3 00	Х						0	0	0
MERLOYD LUDINGTON DIRECTOR	2 00	Х						0	0	0
WILLIAM MOOMAW DIRECTOR	2 0 0	Х						0	0	0
JEREMY OPPENHEIM DIRECTOR	2 00	Х						0	0	0
AMY REGAN DIRECTOR	3 0 0	Х						0	0	0
CONSTANCE R ROOSEVELT DIRECTOR	2 0 0	Х						0	0	0
GORDON RUSSELL DIRECTOR	3 0 0	Х						0	0	0
TEDD SAUNDERS DIRECTOR	2 0 0	Х						0	0	0
GEORGE WOODWELL DIRECTOR	40 00	Х						118,530	0	26,333
SCOTT GOETZ DIRECTOR/SENIOR SCIENTIST/DEPUTY DIRECTOR	40 00	Х						161,832	0	23,274
ERIC DAVIDSON PRESIDENT/DIRECTOR	40 00	Х		х				184,525	0	27,984
JOSEPH R ROBINSON TREASURER	3 00	Х		х				0	0	0

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

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
LISA O'CONNELL ASSISTANT CLERK	40 00			Х				94,080	0	23,391	
MELANIE POWERS ASST TREASURER/DIR OF FIN &ADMIN	40 00			Х				185,626	0	15,060	
JOSEF KELLNDORFER SENIOR SCIENTIST	40 00					х		122,973	0	27,374	
RICHARD A HOUGHTON SENIOR SCIENTIST	40 00					Х		196,161	0	35,314	
LISA CAVANAUGH DIRECTOR OF DEVELOPMENT/VP	40 00					Х		125,380	0	14,984	
CAMILLE ROMANO CONTROLLER	40 00					Х		114,120	0	27,005	
MICHAEL COE SENIOR SCIENTIST	40 00					Х		118,451	0	18,977	
WILLIAM BROWN FORMER EXECUTIVE DIRECTOR/PRESIDENT	40 00						x	192,987	0	0	

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DLN: 93493318041482

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

itema	al Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.		Inspec	tion
	me of the organiz			Employer identifica	tion numbe	er
WC	OODS HOLE RESEARCH	H CENTER INC		04-3005094		
Pa	rt I Organi	zations Maintaining Donor Ad	dvised Funds or Other Similar Fu		. Comple	te if the
		ation answered "Yes" to Form 99	0, Part IV, line 6.		'	
			(a) Donor advised funds	(b) Funds and o	ther accou	nts
1	Total number at					
2	33 3	ributions to (during year)				
3		ts from (during year)				
4	Aggregate value	e at end of year				
5			sors in writing that the assets held in don organization's exclusive legal control?	or advised	┌ Yes	┌ No
6	used only for ch		donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar		┌ Yes	☐ No
Pa	rt III Conser	rvation Easements. Complete	if the organization answered "Yes" to	o Form 990, Part IV	', lıne 7.	
1 2	Preservation Protection Preservation Complete lines	onservation easements held by the or on of land for public use (e g , recreati of natural habitat on of open space 2a-2d if the organization held a quali ie last day of the tax year	on or pleasure)	historically important certified historic struct of a conservation	•	a
		is rubt du, or the tux year	1	Held at the	End of the	Year
а	Total number of	f conservation easements		2a		
b	Total acreage r	estricted by conservation easements		2b		
С	Number of cons	servation easements on a certified his	toric structure included in (a)	2c		
d	Number of cons	servation easements included in (c) ac	cquired after 8/17/06	2d		
3 4	the taxable yea	servation easements modified, transfe ir • es where property subject to conserva	erred, released, extinguished, or terminate	d by the organization (during	
5	Does the organ		g the periodic monitoring, inspection, hand	— dling of violations, and	┌ Yes	┌ No
6	Staff and volunt	teer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year 🕨	+	
7		enses incurred in monitoring, inspecti	ng, and enforcing conservation easements			
8	Does each cons		(d) above satisfy the requirements of sec	tion	☐ Yes	┌ No
9	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial nents			
Par	rt IIII Organi Comple	zations Maintaining Collection to the organization answered	ns of Art, Historical Treasures, ('Yes" to Form 990, Part IV, line 8.	or Other Similar <i>i</i>	Assets.	
1a	art, historical tr	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researd ancial statements that describes these it	ch in furtherance of pul		e,
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research ir s			
	(i) Revenues in	ncluded in Form 990, Part VIII, line 1		► \$		
	(ii) Assets incli	uded ın Form 990, Part X		► \$		
2	If the organizat	•	orical treasures, or other similar assets fo S 116 relating to these items			
а	Revenues inclu	ded in Form 990. Part VIII. line 1		▶ \$		

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	liections of Art,	HIS	tori	cai ir	easu	ires, or Ot	ner	Similar Ass	sets (co	<u>ontinued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check any o	of th	e fol	lowing t	hat ar	e a significar	nt us	e of its collecti	on	
а	Public exhibition		d	Γ	Loan	rexc	hange progra	ms			
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how	the	y furthe	r the o	organızatıon's	s exe	empt purpose ır	1	
5	During the year, did the organization solicity assets to be sold to raise funds rather than to									_ Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Complete	e ıf	the	organı	zatioi			es" to Form 99	90,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other intermed	ıary	for c	ontribui	tions	or other asse	ts n		_ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the fo	llow	ıng t	able		_	- 1	Λm	ount	
_	Dammung balanca						<u> </u>	Lc	AIII	Ount	
c d	Beginning balance							LC Ld			
	Additions during the year						<u> </u>				
e •	Distributions during the year						-	le			
_'	Ending balance							Lf		-	
2a	Did the organization include an amount on Fo		21?						ı	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV				1.1157						
Рa	rt V Endowment Funds. Complete	(a)Current Year		wer Pnor			rorm 990, vo Years Back			(e) Four \	'ears Back
1a	Beginning of year balance	5,187,098	(2)		628,452	(0)	3,669,172	(4)	3,682,641	(5). 54.	cars back
ь	Contributions	6,100			5,150		536,100		21,400		
С	Investment earnings or losses	122,280			553,496		487,694		-34,869		
d	Grants or scholarships										
e	Other expenditures for facilities and programs	1,109,161					64,514				
f	Administrative expenses										
g	End of year balance	4,206,317		5	187,098		4,628,452		3,669,172		
2	Provide the estimated percentage of the yea	r end balance held as									
а	Board designated or quasi-endowment 🕨	12 660 %									
ь	Permanent endowment > 87 340 %										
С	Term endowment ▶										
3a	Are there endowment funds not in the posse	ssion of the organizat	ion t	hat	are held	and a	administered	for t	he		
	organization by	J								Yes	No
	(i) unrelated organizations			•					3a(i		No
	(ii) related organizations								3a(i		No
_	If "Yes" to 3a(II), are the related organizatio							•	<u>3b</u>		<u></u>
4	Describe in Part XIV the intended uses of the type Land, Buildings, and Equipme										
Par	t VI Land, Buildings, and Equipment Description of property	ent. See Form 990,	<u>, Ра</u>	(a)	, IIIIe 1) Cost or (is (investi	other	(b)Cost or oth		(c) Accumulated depreciation	(d) Bo	ook value
4.				1			·				F4 = F = -
	Land			\vdash			517,	-	4.654.51	1	517,571
	Buildings			<u> </u>			11,040,	934	4,024,740	J	7,016,194
	Leasehold improvements		•	\vdash				421		+	
	Equipment		•	<u> </u>			1,902,	421	1,247,452	2	654,969
		orm 000 Part V column		1	10/-11				<u> </u>	+	0.100.701
iota	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, Column	1 (B),	, iine	10(C).)			•	r		8,188,734

Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)20011 14140	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		2323, and a year market value
Total (Column (h) should agual Form 990, Part V, sol (P) line 12.)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	e 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	e 15. tion	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Should equal Form 990, Part X, col.(B) line 1:	e 15. tion 5.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip (b) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	e 15. tion 5.)	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	e 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,303,180
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,851,226
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,548,046
4	Net unrealized gains (losses) on investments	4	6,820
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-9,917
9	Total adjustments (net) Add lines 4 - 8	9	-3,097
10		10	-3,551,143
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	7,300,083
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		. ,,,,,,,,,,,
a	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-3,097
3	Subtract line 2e from line 1	3	7,303,180
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,303,180
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial	1	10,851,226
2	statements	-	
	Donated services and use of facilities		
a b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	10,851,226
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		10,031,220
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	10,851,226
	rt XIV Supplemental Information		10,001,220

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	,	UP TO 5% OF THE TOTAL EARNED INCOME OF THE ENDOWMENT FUND IS APPROPRIATED ANNUALLY TO SUPPORT THE OPERATIONS OF THE CENTER
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - 9,917
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - 9,917

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DLN: 93493318041482

OMB No 1545-0047

SCHEDULE F (Form 990)

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.

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

Part I For assi	"Yes" to Form 990, Pai grantmakers. Does the o	n on Activiti	es Outside t			04-3005094	
1 For	"Yes" to Form 990, Pai grantmakers. Does the o		es Outside t				
assı	grantmakers. Does the o	II IV. IIIIE 141		he United States. C	omplete	e if the organiz	ation answered
assı	_			ds to substantiate the	amount	of the grants	nr
the	stance, the grantees' elig	_				_	
	grants or assistance?						┌ Yes ┌ !
	grantmakers. Describe in Pa ed States	rt V the organiz	zatıon's procedu	res for monitoring the us	e of grant	t funds outside th	ne
A Cti	vites per Region (Use Part \	V ıf addıtıonal s	pace is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	program spe	vity listed in (d) is a n service, describe ecific type of ce(s) in region	(f) Total expenditures for region/investments in region
SOL	TH AMERICA	0	1	GRANTMAKING	ANALYS RESOUF SYSTEM EDUCAT DELIVE MODIS-	CH, POLICY SIS, NATURAL RCE MGMT IS AND FION RY OF THE LANDSAT DO BIOMASS	1,135,1
3a Sub-	total	0	1				1,135,1

to Part I

c Totals (add lines 3a and 3b)

	Use Part '	<u>V if additional</u>	space is needed.						
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH AMERICA	RESEARCH	1,023,377	WIRE TRANSFER			
			SOUTH AMERICA	RESEARCH	64,332	WIRE TRANSFER			
			SOUTH AMERICA	RESEARCH	28,896	WIRE TRANSFER			
			SOUTH AMERICA	RESEARCH	18,500	WIRE TRANSFER			
2	Enter total nun tax-exempt by	nber of recipie the IRS, or f	ent organizations li or which the grante	sted above that are ree or counsel has pro	recognized as charit ovided a section 501	les by the foreign c L(c)(3) equivalency	ountry, recognized letter	as . 🕨	4
3	Enter total nun	nber of other	organizations or er	ntities				. 🕨	0

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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			<u> </u>	<u> </u>		 	1
						1	dula E (Earre 000) 2011

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
6	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 for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

<u>information.</u>		
I dentifier	ReturnReference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 THE CHIEF FINANCIAL OFFICER AND DIRECTOR OF 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 ALLO WABLE/UNALLO WABLE 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
		+
		+
		Sahadula E (Farma 000) 2011

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SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493318041482

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	NTERING			Employer iden	ntification number
WOODS HOLE RESEARCH CE	NIERINC			04-3005094	
Part I Fundraising Ac	ctivities. Comple	te ıf the organıza	tion answered "Yes"	to Form 990, Part IV	, line 17.
a	olicitations ns a written or oral agr n Form 990, Part VI est paid individuals o	eement with any inc I) or entity in conne r entities (fundraise	Solicitation of no Solicitation of go Solicitation of go Special fundraising dividual (including office ection with professional ers) pursuant to agreem	n-government grants vernment grants ng events ers, directors, trustees fundraising services? ents under which the fur	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
DEVELOPMENT SOLUTIONS OF NEW ENGLAND 299 COTUIT ROAD	DEVELOPMENT CONSULTING	No No	0	120,500	-120,500
SANDWICH, MA 02563					
				120,500	-120,500
3 List all states in which the licensing	e organization is regi	stered or licensed	to solicit funds or has b	een notified it is exempt	from registration or

Part I	Fundraising Events. Commore than \$15,000 on Form				
		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	(4)
1 2	Gross receipts				
2	Less Charitable				
3	contributions Gross income (line 1				
	minus line 2)				
4	Cash prizes				
5	Non-cash prizes				
6	Rent/facility costs				
. 7	Food and beverages				
8	Entertainment				
9	Other direct expenses .				
10	Direct expense summary Add lir	nes 4 through 9 in colum	an (d)	.	(
111	•	_	• •		,
art I	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		i tes lo foilii 990, Pa	rt IV, iiile 19, or repo	orted more than
		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
1 4					
4	Rent/racinty costs				
5	Other direct expenses				
6	Volunteer labor	┌ Yes		┌ Yes	
		Г №	ΓNο	Γ No	_
7	Direct expense summary Add line	s 2 through 5 in columr	n (d)		(
8	Net gaming income summary Com	ndine lines 1 and 7 in co	olumn (a)	<u> </u>	
	nter the state(s) in which the organiz				
Is	the organization licensed to operate	e gamıng actıvıtıes ın ea	ch of these states?		· Fyes Fno
b If	"No," Explain				
 a W	ere any of the organization's gaming				
	"Yes," Explain				- , res , NO

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza			
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			_ No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493318041482

Department of the Treasury Internal Revenue Service

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

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

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

Name of the organization Employer identification number WOODS HOLE RESEARCH CENTER INC 04-3005094 Part I General Information on Grants and Assistance

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VIRGINIA POLYTECHNIC1880 PRATT DRIVE SUITE 2006 BLACKSBURG,VA 24060	54-6001805	501(C)(3)	25,033				SCIENTIFIC RESEARCH
(2) AMER MUSEUM NAT HISTORYCENTRAL PARK WEST AT 79TH STREET NEW YORK, NY 10024	13-6162659	501(C)(3)	78,730				SCIENTIFIC RESEARCH
(3) UNIV OF NEW HAMPSHIRE211 MORSE HALL DURHAM,NH 03824	02-6000937	501(C)(3)	16,450				SCIENTIFIC RESEARCH
(4) BOSTON UNIVERSIY ONE SHERBORN STREET BOSTON,MA 02215	04-2103547	501(C)(3)	21,019				SCIENTIFIC RESEARCH
(5) COLORADO STATE UNIV6015 CAMPUS DELIVERY FORT COLLINS, CO 80523	84-6000545	501(C)(3)	39,650				SCIENTIFIC RESEARCH
(6) IPAM INTERNATIONAL 3180 18TH STREET SUITE 205 SAN FRANCISCO, CA 94110	27-3444564	501(C)(3)	727,641				SCIENTIFIC RESEARCH
(7) UNIV OF MARYLAND 3112 LEE BUILDING COLLEGE PARK, MD 20742	52-6002033	501(C)(3)	57,861				SCIENTIFIC RESEARCH
(8) CARNEGIE INSTITUTION OF WASHINGTON1530 P ST NW WASHINGTON, DC 20005	53-0196523	501(C)(3)	20,964				SCIENTIFIC RESEARCH
(9) RESOURCE MEDIA101 MONTGOMERY ST SUITE 2600 SAN FRANCISCO,CA 94104	82-0564961	501(C)(3)	13,100				SCIENTIFIC RESEARCH
(10) MONTANA STATE UNIV 309 MONTANA HALL BOZEMAN, MT 59717	81-0302402	501(C)(3)	73,648				SCIENTIFIC RESEARCH
(11) MARINE BIOLOGICAL LABORATORY7 MBL STREET WOODS HOLE, MA 02543	04-2104690	501(C)(3)	19,918				SCIENTIFIC RESEARCH
(12) CONSERVATION INTERNATIONAL2011 CRYSTAL DRIVE SUITE 500 ARLINGTON, VA 22202	52-1497470	501(C)(3)	6,328				SCIENTIFIC RESEARCH

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

		1		_	
(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount 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 information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S		SCHEDULE I, PART I, LINE 2 THE CHIEF FINANCIAL OFFICER AND DIRECTOR OF ADMINISTRATION (CFO) PREPARES ALL CONSULTING AGREEMENTS AND SUBCONTRACTS FOR INDIVIDUALS AND ORGANIZATIONS WITHIN THE US THESE DOCUMENTS CONTAIN A SCOPE OF WORK AND A DETAILED BUDGET PLAN THE INDIVIDUALS/ORGANIZATIONS PREPARE AND SUBMIT INVOICES TO THE ACCOUNTING DEPARTMENT THESE INVOICES ARE REVIEWED FOR APPROPRIATENESS AND COMPLIANCE WITH ALLOWABLE/UNALLOWABLE EXPENSES THE CONTROLLER AND THE GRANTS ACCOUNTANT REVIEW THE INVOICES FOR COMPLIANCE WITH BUDGET LINE ITEMS SIGNIFICANT VARIANCES TO BUDGET ARE REVIEWED BY THE CFO AND PRINCIPAL INVESTIGATOR, AND IF DETERMINED NECESSARY, REPORTED TO THE PRIME FUNDER IN THE FORM OF A RE- BUDGET REQUEST THE CENTER'S ACCOUNTING SYSTEM TRACKS EXPENDITURES ON A PROJECT OR "AWARD" BASIS ANNUALLY, APPLICABLE SUBCONTRACT ORGANIZATIONS ARE REQUESTED TO SUBMIT THEIR A-133 REPORTS, WHICH ARE REVIEWED BY THE CFO

Software ID: Software Version:

EIN: 04-3005094

Name: WOODS HOLE RESEARCH CENTER INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA POLYTECHNIC1880 PRATT DRIVE SUITE 2006 BLACKSBURG, VA 24060	54- 6001805	501(C)(3)	25,033				SCIENTIFIC RESEARCH
AMER MUSEUM NAT HISTORYCENTRAL PARK WEST AT 79TH STREET NEW YORK, NY 10024	13- 6162659	501(C)(3)	78,730				SCIENTIFIC RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 NEW HAMPSHIRE211 MORSE HALL DURHAM,NH 03824	02- 6000937	1 5017631	16,450				SCIENTIFIC RESEARCH
BOSTON UNIVERSIYONE SHERBORN STREET BOSTON, MA	04- 2103547	1 501(0)(3)	21,019				SCIENTIFIC RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash	(h) Purpose of grant or assistance
or government		аррисавіс		assistance	appraisal, other)	assistance	5. 455.5tanee
COLORADO STATE UNIV6015 CAMPUS DELIVERY FORT COLLINS, CO 80523	84- 6000545	501(C)(3)	39,650				SCIENTIFIC RESEARCH
IPAM INTERNATIONAL 3180 18TH STREET SUITE 205 SAN FRANCISCO,CA 94110	27- 3444564	501(C)(3)	727,641				SCIENTIFIC RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	h valuation of		(h) Purpose of grant or assistance
UNIV OF MARYLAND 3112 LEE BUILDING COLLEGE PARK, MD 20742		501(C)(3)	57,861				SCIENTIFIC RESEARCH
CARNEGIE INSTITUTION OF WASHINGTON1530 P ST NW WASHINGTON, DC 20005	53- 0196523	501(C)(3)	20,964				SCIENTIFIC RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
RESOURCE MEDIA 101 MONTGOMERY ST SUITE 2600 SAN FRANCISCO, CA 94104	82- 0564961	501(C)(3)	13,100				SCIENTIFIC RESEARCH
MONTANA STATE UNIV 309 MONTANA HALL BOZEMAN, MT 59717	81- 0302402	501(C)(3)	73,648				SCIENTIFIC RESEARCH

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance			
MARINE BIOLOGICAL LABORATORY7 MBL STREET WOODS HOLE, MA 02543	04- 2104690	501(C)(3)	19,918				SCIENTIFIC RESEARCH
CONSERVATION INTERNATIONAL 2011 CRYSTAL DRIVE SUITE 500 ARLINGTON, VA 22202	52- 1497470	501(C)(3)	6,328				SCIENTIFIC RESEARCH

DLN: 93493318041482

OMB No 1545-0047

Open to Public

Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Name of the organization WOODS HOLE RESEARCH CENTER INC **Employer identification number**

04-3005094

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the approplate 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			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		
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	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	▼ Compensation committee			
	Independent compensation consultant			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
Ь	Any related organization?	5b		No
	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		No
b	Any related organization?	6b		Νo
	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		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III			
		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name	'	(B) Breakdown of	f W-2 and/or 1099-MI	ISC compensation	(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) ROBERT M HOLMES	(ı) (ıı)	126,616 0	0 (ر (0 12,520 0 0	14,982 0	2 154,118 0 0	
(2) SCOTT GOETZ	(ı) (ıı)	161,832 0	0 ((0 16,234 0 0	7,040 0	185,106 0 0	
(3) ERIC DAVIDSON	(ı) (ıı)	184,525 0	0 ((0 18,950 0 0	9,034 0	212,509 0 0	
(4) MELANIE POWERS	(ı) (ıı)	185,626 0	0 (0 0	0 0	15,060 0	200,686	
(5) JOSEF KELLNDORFER	(ı) (ıı)	122,973	0 (0 (0 13,073 0 0	14,301 0	1 150,347 0 0	
(6) RICHARD A HOUGHTON	(ı) (ıı)	196,161 0	0	0 0	0 20,308 0 0	15,006 0	231,475 0 0	
(7) WILLIAM BROWN	(ı) (ıı)	192,987 0	0 ((0 0	0 (192,987	
	'							
			 	+		<u> </u>	!	
	+			+	+		-	
						1		
	<u>'</u>					 	!	_
	<u>'</u>	 					 '	1

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	1 '	THE CENTER'S FORMER PRESIDENT AND EXECUTIVE DIRECTOR RECEIVED A SECOND AND FINAL SEPARATION PAYMENT IN JANUARY 2012 OF \$165,000

Schedule J (Form 990) 2011

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a, Provide descriptions,

> explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

Inspection Employer identification number

DLN: 93493318041482

OMB No 1545-0047

2011

Open to Public

Name of the organization WOODS HOLE RESEARCH CENTER INC

WO	DDS HOLE RESEARCH CENTER	INC								04	1-300!	5094				
Pa	art I Bond Issues															
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rıce	(f)	Description	of Purpose	(g) Def	eased	Beh) On nalf of suer		Pool	
										Yes	No	Yes	No	Yes	No	
Α	MASSACHUSETTS HEALTH & EDUCATION FACILITIES AUTHORITY	04-2456011	57586ELD1	08-14-2009	2,531	,484	CURR	STRUCTION ENT REFUN 17,584	- \$603,900, DING -		Х		Х	x		
Pa	rt II Proceeds												_			
	A mount of bonds retired				A	A B			3		С		1	D		
					+	342	,576						+			
						2 5 2 4	404						+			
	AUTHORITY Part II Proceeds Amount of bonds retired Amount of bonds defeased Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds Proceeds in refunding escrow Issuance costs from proceeds Credit enhancement from proceeds Working capital expenditures from proceeds Capital expenditures from proceeds Other spent proceeds Other unspent proceeds				1	2,531	•						1			
	<u> </u>		+	19	,277						+					
	•		+													
				1,908	,307						1					
	<u> </u>				1								1			
	<u> </u>												-			
		•			+											
10	<u> </u>	eeas				603	3,900						<u> </u>			
11					-								-			
12																
13	Y ear of substantial completion				20:				1				1			
	Were the bonds issued as part	_			Yes	No)	Yes	No	Yes		No	Yes	; <u> </u>	No	
14	<u>`</u>				X								1			
15	Were the bonds issued as part of an advance refunding issue?					Х										
16	Has the final allocation of proceeds been made?				Х											
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?															
Pai	rt IIII Private Business Us	se					-									
					You I			Vaa		V	C	No.	Vs.	D	Ne	
					Yes	No	•	Yes	No	Yes		No	Yes		No	

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

	edule K (Form 990) 2011 Title Private Business Use (Continued)									Page 2
E	Private business use (Continued)			1	ı	В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private use?	business		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final property?									
С	Are there any research agreements that may result in private business us financed property?	e of bond-		х						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use bother than a section 501(c)(3) organization or a state or local government									
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government									
6	Total of lines 4 and 5									
7	Has the organization adopted management practices and procedures to en post-issuance compliance of its tax-exempt bond liabilities?	sure the	х							
Pai	rt IV Arbitrage									•
		A			В		С		D	
	Una a Farma 2020 T. Ambitua da Dabata. Visild Dadisation and	Yes	No	Yes	No	Y	es	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x							
2	Is the bond issue a variable rate issue?	Х								
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		х							
b	Name of provider				•		•			•
c	Term of hedge									
d	Was the hedge superintegrated?									
e	Was a hedge terminated?									

Part V Procedures To Undertake Corrective Action

Did the bond issue qualify for an exception to rebate?

Was the regulatory safe harbor for establishing the fair market

Were any gross proceeds invested beyond an available temporary

Χ

Χ

Χ

Part VI Supplemental Information

Were gross proceeds invested in a GIC?

Name of provider

value of the GIC satisfied?

Term of GIC

4a

b

c d

5

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493318041482

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization WOODS HOLE RESEARCH CENTER INC

Employer identification number

04-3005094

Pa	rt I Types of Property				04 3003094			
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of d contribution	etermı		
1	Art—Works of art			- 9				
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock $\ .$							
11	Securities—Partnership, LLC,							
	or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
	contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts	.,		24.70				
	Other ► (<u>EQUIPMENT</u>)	X	2	81,/8/	FAIR VALUE			
	Other ► ()							
	Other ►()							
	Other ► ()				I			
29	Number of Forms 8283 received for which the organization compl				29			
	for which the organization compr	eteu i oiiii t	3203, Fait IV, Dollee Acki	iowiedgement	<u> </u>		Yes	No No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I lines	1-28 that it		103	
	must hold for at least three year							
	for exempt purposes for the enti				a to be usea	20-		No
						30a		
	If "Yes," describe the arrangement							N -
31	Does the organization have a gif					31		No_
32a	Does the organization hire or us contributions?	e third parti	ies or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			
	describe in Part II							

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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As Filed Data -

DLN: 93493318041482

2011

2011

Inspection

OMB No 1545-0047

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
WOODS HOLE RESEARCH CENTER INC

Employer identification number

04-3005094

ldentifier	Return	Explanation
DESCRIPTION OF ORGANIZATION MISSION	FORM 990, PART I, LINE 1	WOODS HOLE RESEARCH CENTER (WHRC) IS A PRIVATE, NON-PROFIT RESEARCH ORGANIZATION FOCUSING ON EM/RONMENTAL SCIENCES OUR CORE BUSINESS IS TO CONDUCT HIGH QUALITY SCIENTIFIC RESEARCH AND POLICY ANALYSIS ON MAJOR ENVIRONMENTAL AND ECONOMIC ISSUES FACING SOCIETY, SUCH AS CLIMATE CHANGE, LAND-USE CHANGE, RESOURCE LIMITATION, FOREST, SOL AND WATER CONSERVATION, BIODWERSITY CONSERVATION, AND HUMAN ALTERATION OF GLOBAL CYCLES OF ENERGY, WATER, CARBON, AND NUTRIENTS WE SEEK TO APPLY SCIENCE TO THE CHALLENGE OF STEWARDSHIP OF THE EARTH'S ECOSYSTEMS IN AN INCREASINGLY RESOURCE. LIMITED WORLD THIS GOAL REQUIRES BOTH A GLOBAL PERSPECTIVE A PAID LOCAL KNOWLEDGE OF HOW ECOSYSTEMS FUNCTION AND HOW PEOPLE BENEFIT FROM AND MODIFY THOSE ECOSYSTEMS TO THAT END, OUR SCIENTIST'S COMBINE ANALYSIS OF SATELLITE IMAGES OF THE EARTH WITH FIELD STUDIES TO MEASURE, MAP, AND MODDEL CHANGES IN THE WORLD THE MAGES OF THE EARTH WITH FIELD STUDIES TO MEASURE, MAP, AND MODDEL CHANGES IN THE WORLD'S ECOSYSTEMS AND HUMAN COMMUNITIES, FROM THE THAWING PERMAFROST IN THE ARCTIC TO THE EXPANDING AGRICULTURAL REGIONS OF THE TROPICS WE WORK LOCALLY AND REGIONALLY, WITH INDETTINE PERFECTIVES AND COLLABORATIONS IN NORTH AND SOUTH AMERICA, APROA, AND ASIA WE ALSO WORK GLOBALLY, FOCUSING ON HOW HUMANS ARE CHANGING GLOBAL CYCLES OF CARBON, NUTRIENTS, AND WATER AND INDUCING CLIMATE CHANGE AND HABITAT LOSS AT A PACE AND SCALE UNPRECEDENTED IN HUMAN HISTORY WE MERGE NATURAL SCIENCE WITH SOCIAL AND ECONOMIC SCIENCE TO DISCOVER PATHS FOR HUMAN PROSPERITY AND SUSTAINABILITY OF THE EARTH'S NATURAL RESOURCES WE ARE FIRST AND FOREMOST AN INSTITUTION DEVOTED TO HIGH QUALITY SCIENTIFIC RESEARCH OUR ORIGINAL RESEARCH AND SCHOLARD RESEARCH AND PROPEDS SCIENTIFIC JOURNALS EQUALLY IMPORTANT TO CONDUCTING RESEARCH AND ANALYSIS IS THE COMMUNICATION OF THOSE RESULTS THE STAKEHOLDER GROUPS INTERESTED IN OUR RESULTS INCLUDE OUR PEERS IN THE SCIENTIFIC COMMUNITY, POLICY MAKERS AT LOCAL, NATIONAL, AND GLOBAL ARENAS, NOO AND RIVATE SCIENCE HOR OWNER SCIENCE OF OUR SCIENCE OF OUR SC
	FORM 990, PART VI, SECTION A, LINE 2	THE DEPUTY DIRECTOR AND BOARD MEMBER IS MARRIED TO AN ASSOCIATE SCIENTIST AND PLAT THE CENTER
	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 12C	REPORTED CONFLICTS ARE REVIEWED AND ADDRESSED AS NEEDED ON AN INDIVIDUAL BASIS WITH FURTHER DISCLOSURE AND/OR RECUSAL OF INDIVIDUALS FROM DECISION MAKING AS APPROPRIATE
	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 EMPLOY MENT 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 EMPLOY MENT 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 6,820 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS - 9,917 TOTAL TO FORM 990, PART XI, LINE 5 -3,097
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR