Form **990** (Rev. January 2020)

2949322611604 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ~ ► Go to www.irs.gov/Form990 for instructions and the latest information. O

Open to Public Inspection

	Depar Intern	rtment o	f the Treasury nue Service				r instructions and				3	Inspection		
				lar year, or tax year	beginning J	UL 1, 2	2019 and	ending	JUN 30	0, 2020				
	B c	heck if	C Name o	f organization					D Emp	loyer identif	ication	number		
		Addres change	• <u>WOOT</u>	WELL CLIMA	TE RESEAL	RCH CEN	TER							
	X	_change _Initial	Doing b	usiness as				r		4-30050				
	누	return Final		r and street (or P.O. bo WOODS HOLE		livered to stree	t address)	Room/suit		phone numb 08-540-		n		
	_	_ireturn/ term:n- ated		town, state or province		ZIP or foreign	nostal code	L	_	receipts \$		8,771,503.		
		Ameno			02540	zii oi loloigi	, postar oode			this a group	-	<u> </u>		
		Application tion pendin	a- F Name a	and address of princip	oal officer PHI	LIP B.	DUFFY		for	subordinate	s?	Yes X No		
	1 7	ax-exe	empt status	X 501(c)(3)	501(c) ((insert no.	.) 4947(a)(1)	or 52				see instructions)		
) _				WELLCLIMAT	E.ORG					oup exempti				
/				X Corporation	Trust As	sociation	Other ►	L Yea	r of formation	on: 1988	M State	e of legal domicile: MA		
1	Pa	ırt I	Summary				· · CPP	COURDI	TT P O	-				
	e	1	Briefly describ	be the organization's	mission or most	significant ac	tivities SEB_	SCHEDI						
	Governance	2	Check this bo	ox let the org	nanization discoi	atinued its or	perations or dispos		CEIVE		sets			
	Verr			ting members of the	=		1			၂႘ယ္သ		26		
)				dependent voting me				JAN	2 9 202			25		
)	oğ y	5	Total number	of individuals employ	yed in calendar y	ear 2019 (Pa	rt V, line 2a)	***********		RS 5		73		
2	/itie	6	Total number	of volunteers (estima	ite if necessary)		1	OGI	DEN, L	IT 6		0		
	Activities	7 a	Total unrelate	d business revenue f	rom Part VIII, co	lumn (C), line	12			7 ₁	<u> </u>	0.		
j	_	b	Net unrelated	business taxable inc	ome from Form	990-T, line 39				7t	 	0.		
٠٠٦								_		Year	 	Current Year		
ıΠ	ē			and grants (Part VIII,				_		04,388.	•	3,695,014.		
w	evenue		•	ice revenue (Part VIII,		170		\vdash		38,978. 03,105.	-	1,558,711. 249,425.		
.≱	Re			come (Part VIII, colur			1110)		3(8,675.		22,193.		
				e (Part VIII, column (A - add lines 8 through	-				11.45	55,146.		5,525,343.		
2022				milar amounts paid (F			(- (), (- ()			59,474.		381,611.		
! ~	'			to or for members (P		-				0.		0.		
	ű	15	Salaries, othe	r compensation, emp	oloyee benefits (F	art IX, colum	ın (A), lınes 5-10)		7,2	51,272.		7,506,412.		
	Expense	16a	Professional f	fundraising fees (Part	IX, column (A), I	ne 11e)				0.	<u> </u>	134,585.		
	xpe	b	Total fundrais	sing expenses (Part IX	(, column (D), line	e 25) 🕨 _	1,399,3	<u> 17. </u>		20 252	↓	2 252 242		
	ш		•	es (Part IX, column (A	•			_		<u>32,059.</u>		3,259,343.		
			•	es. Add lines 13-17 (m	•		, line 25)	<u> </u>		02,805. 52,341.		1,281,951.		
	or Ses		Hevenue less	expenses Subtract I	ine 18 from line	12				Current Year	1	4,243,392. End of Year		
	ets o	20	Total assets (Part X, line 16)				F*		37,340.	2	7,004,911.		
-	Assets d Balanc	21	•	s (Part X, line 26)						36,060.		3,729,163.		
	E			fund balances Subti	ract line 21 from	line 20				51,280.		3,275,748.		
		ırt II	Signatur	e Block										
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is												
	true,	correc	t, and complete	. Declaration of prepare	Nother than office	r) is based on	all information of w	hich prepare	<u>r has any kr</u>	nowledge.	2-2-	<u>_</u>		
		X	1	~~ ~ ·							2020			
	Sigr		_	e of officer	y pregri	 	DOMESTIC F	TDRAM	IOB	Date				
	Here	е		IP B. DUFF' print name and title	Y, PKESII	DRNT/ RY	ECUTIVE I	JIRECT	UR					
	_		Print/Type pre	·		Premarér's sig	hature /		Date	Check		PTIN		
	Paid			C. DARR, C	PA, CMA	Wene	Je. Ku	レー	1/26/2	21 self-emplo	yed P	01324904		
	Prep		Firm's name	► CALIBRE		P, PLLC				Firm's EIN		0900880		
	_	Only		7501 WIS			SUITE 120	00 WES	T					
					, MD 2083		_			Phone no. 20	<u> 2-3</u>	31-9880		
!	Мау	the IF	RS discuss thi	s return with the prep	parer shown abo	ve? (see instr	uctions)				[Yes No		
•	93200	01 01-20	0-20 LHA !	For Paperwork Red	uction Act Notic	e, see the se	eparate instruction	ons.				Form 990 (2019)		



4d	Other program services (De	scribe on Schedule O)	
	(Fynancas \$	including grants of \$) (Revenue \$

4e Total program service expenses ► 7,398,416.



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Form 990 (2019) WOODWELL CLIMATE RESEARCH CENTER
Part IV Checklist of Required Schedules

04-3005094 Page 3

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III Is Is the organization as section 501(c)(4) 50 (c)(5) or 501(c)(5) or 501	No_
2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II 5 Section 501(c/l3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c/l6), 501(c/l6), or 501(c/l6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III 5 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 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 II 6 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 III 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization in report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not intently or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part VI 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part XI 11b Did the organization report an amount for investments - other	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If *Yes,* "complete Schedule C, Part I	
4 Section 50(16)3 (praylate) schedule C, Part I 5 Is the organization a section 50(16)4), 501(6)5 (proposition of the tax year? If "Yes," complete Schedule C, Part III 5 Is the organization a section 501(6)4), 501(6)5 (proposition of that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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 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 II 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 Did the organization maintain collections of works of air, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part VI 9 Did the organization report an amount for line standard statements for the sex sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a X 11b 11b 11c 11d	
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during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 5016(A), 5016(B) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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 II 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 8 Did the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or revoke credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization in report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other liabilities 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 11 Did the organization report an amount for other liabilities 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 VIII 12 Did the organization report an amount for other liabilities 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	<u>X</u> _
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investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	—
1,7	
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15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes " complete Schedule F. Parts II and IV	
5 × 5 · · · · · · · · · · · · · · · · ·	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	x
, , , , , , , , , , , , , , , , , , ,	<u></u>
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 X	
The state of the s	
	X
100) 05/1/2/05 05/1/2/07	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u>x</u> _
	<u>x</u>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a 20b	
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	_

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Par	t IV Checklist of	Required Sched	lules _{(continue}	ed)				
							Yes No	
22	Did the organization rej	port more than \$5,00	0 of grants or o	ther assistance to	or for domestic individuals on		l [-

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23	X	<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			i
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a	Х	<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	l		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			l
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 51			
b]		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l
	(gambling) winnings to prize winners?	1c	х	
93200	1 01-20-20	Form	990	(2019)
	E			•

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		-	
	filed for the calendar year ending with or within the year covered by this return 2a 73			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>	\vdash	X
b	If "Yes," enter the name of the foreign country	,	·	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			_ J
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	—	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	er.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ū	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	 	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	\vdash	
10	Section 501(c)(7) organizations. Enter			j
a	Initiation fees and capital contributions included on Part VIII, line 12	,		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders		,	
a	Gross income from other sources (Do not net amounts due or paid to other sources against			
•	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O		╷╶┐	
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	┝─┤	<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	 	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			•
	excess parachute payment(s) during the year?	15	 	X
	If "Yes," see instructions and file Form 4720, Schedule N			₩
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>X</u>
	If "Yes," complete Form 4720, Schedule O	Form	990	(2010)
		T OF IT	,	(2017)

932005 01-20-20

Check if Schedule O contains a response or note to any line in this Part VI

X

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

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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 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	Sec	tion A. Governing Body and Management			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on 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 employees a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7 The governing body? 8 Did the organization exhibition that authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's making address? If "Yes," "provide the names and addresses on Schedule O. 9 Section B. Policies ("Mis Section B requests information about policies not required by the internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10b Policies ("Mis Section B requests information about policies not required by the internal Revenue Code.) 11c Held the organization have written operations and procedures governing the activities of supering body before filing the form? 11d Det the or				Yes	No
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persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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? 16 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available Check all that apply X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and final statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records CAMILLE M. ROMANO, CFO - 508-444-1512	14	Did the organization have a written document retention and destruction policy?	14	X	
a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available Check all that apply X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and final statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records CAMILLE M. ROMANO, CFO − 508−444−1512	15	Did the process for determining compensation of the following persons include a review and approval by independent			
b Other officers or key employees of the organization 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 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available Check all that apply X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finar statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records CAMILLE M. ROMANO, CFO - 508-444-1512		persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			i
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 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available Check all that apply X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finar statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► CAMILLE M. ROMANO, CFO - 508-444-1512	а	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
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? 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available Check all that apply X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and final statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ CAMILLE M. ROMANO, CFO - 508-444-1512	Ь	Other officers or key employees of the organization	15b	X	
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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available Check all that apply X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and final statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ CAMILLE M. ROMANO, CFO - 508-444-1512					
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In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available Check all that apply X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and final statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ CAMILLE M. ROMANO, CFO - 508-444-1512			16a		X
exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available Check all that apply X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finar statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ CAMILLE M. ROMANO, CFO - 508-444-1512	þ				
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17 List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available Check all that apply X Own website X Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finar statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► CAMILLE M. ROMANO, CFO - 508-444-1512			16b		<u> </u>
Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only for public inspection. Indicate how you made these available. Check all that apply X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and final statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records CAMILLE M. ROMANO, CFO - 508-444-1512	Sec	· · · · · · · · · · · · · · · · · · ·			
for public inspection. Indicate how you made these available Check all that apply X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finar statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records CAMILLE M. ROMANO, CFO - 508-444-1512	17				
 X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finar statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ► CAMILLE M. ROMANO, CFO - 508-444-1512 	18		s only)	avaıla	ble
 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and final statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ► CAMILLE M. ROMANO, CFO - 508-444-1512 					
statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records CAMILLE M. ROMANO, CFO - 508-444-1512					
20 State the name, address, and telephone number of the person who possesses the organization's books and records CAMILLE M. ROMANO, CFO - 508-444-1512	19		d finan	cıal	
CAMILLE M. ROMANO, CFO - 508-444-1512		· · · · · · · · · · · · · · · · · · ·			
	20				
149 WOODS HOLE ROAD, FALMOUTH, MA 02540					
		149 WOODS HOLE ROAD, FALMOUTH, MA 02540			(0040

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

 See instructions for the order in which to list the persons above.

(A)	(B)			((Pos				(D)	(E)	(F)
Name and title	Average		not c	heck i	more	than o		Reportable	Reportable	Estimated
	hours per week		, unle: cer an					compensation from	compensation from related	amount of other
	(list any	ţā						the	organizations	compensation
	hours for	ale.				2		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee		l	ensat		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		floyee	e co				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Богтег		i	organizations
(1) WILLIAM MOOMAW	line) 4.00	트	=	ö	×	£ 5	윤			
CHAIR	1.00	x		x	l			0.	0.	0.
(2) CONSTANCE ROOSEVELT	3.00			 -						
VICE CHAIR		x		x				0.	0.	0.
(3) MICHAEL FANGER	1.00									
TREASURER		X		X				0.	0.	0.
(4) R.J. LYMAN	1.00									
CLERK		X		X				0.	0.	0.
(5) HEATHER CAMPION	1.00	1						_		
DIRECTOR		X	lacksquare	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	<u> </u>			0.	0.	0.
(6) STEVE CURWOOD	1.00	↓							_	
DIRECTOR		X		<u> </u>	<u> </u>		_	0.	0.	0.
(7) DIANE FALCONER	6.00	١.,							_	_
DIRECTOR	1 00	X	⊢	⊢	⊢			0.	0.	0.
(8) JOSHUA R. GOLDBERG	1.00	X						0.	0.	0.
DIRECTOR (9) MARC GOLDBERG	1.00	^	H	H	\vdash	\vdash		0.	0.	
DIRECTOR	1.00	x						о.	0.	0.
(10) ANDRE GUIMARAES	2.00	1	\vdash		\vdash			· · · · · · · · · · · · · · · · · · ·	0.	
DIRECTOR	2.00	x						0.	0.	ο.
(11) DAVID HAWKINS	1.00	 			 			<u> </u>		
DIRECTOR -		x						0.	0.	ο.
(12) THOMAS J. HYNES	3.00									
DIRECTOR		x						0.	0.	0.
(13) JOHN LE COQ	3.00									_
DIRECTOR		X						0.	0.	0.
(14) THOMAS E. LOVEJOY	2.00									
DIRECTOR		X	Ш					0.	0.	0.
(15) VICTORIA LOWELL	1.00	1								
DIRECTOR		X	$oxed{oxed}$	Щ	L_			0.	0.	0.
(16) WILHELM MERCK	3.00	l						_		_
DIRECTOR	4 4 4	X	_	Щ	_			0.	0.	0.
(17) GEORGIA NASSIKAS	4.00	1								_
DIRECTOR		X	L	لـــــا	<u> </u>			0.	0.	[0.

932007 01-20-20

Part VII Section A. Officers, Directors, Tr		oloy	ees,			hes	t C		s (continued)			
(A)	(B)				C)			(D)	(E)	!	(F)	
Name and title	Average hours per week	box	not c , unle cer ar	ss per	more son :	than o	an	Reportable compensation from	Reportable compensation from related		stimate nount other	
•	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	npensa rom the ganizat d relat anizati	e ion ed
(18) JOE MUELLER	10.00											
DIRECTOR		Х						0.	0.			0
(19) JEREMY OPPENHEIM	1.00											
DIRECTOR		X						0.	0.			0
(20) WILLIAM PISANO	1.00							1				
DIRECTOR		X	_					0.	0.			0
(21) GLENN PRICKETT	2.00				•							
DIRECTOR		X	L			<u> </u>		0.	0.			0
(22) JOSEPH R.ROBINSON	2.00	1					ŀ		_			
DIRECTOR		X	_				_	0.	0.			_0
(23) TEDD SAUNDERS	1.00	ļ					ŀ		_			_
DIRECTOR		X	_			L		0.	0.			0
(24) STEPHANIE TOMASKY	3.00	1										
DIRECTOR		X				_	_	0.	0.			0
(25) CHRISTINA DECONCINI	1.00	١	ļ									_
DIRECTOR	<u> </u>	X	_	<u> </u>	_	_	_	0.	0.			0
(26) GAIL GREENWALD	1.00											
DIRECTOR		Х					L,	0.	0.			0
1b Subtotal								0.	0.	<u> </u>		0
c Total from continuation sheets to Part	VII, Section A							1,852,353.	0.		4,2	
d Total (add lines 1b and 1c)							<u> </u>	1,852,353.	0.	35	4,2	<u>58</u>
2 Total number of individuals (including but compensation from the organization		ose	liste	d at	ove) wh	o re	ceived more than \$100,	000 of reportable			1
											Yes	No
3 Did the organization list any former office	er, director, trust	ee, l	cey e	empl	loye	e, or	hıg	hest compensated empl	loyee on			
line 1a? If "Yes," complete Schedule J fo	or such individual						_			3_		X
4 For any individual listed on line 1a, is the		le co	mpe	ensa	tion	and	oth	er compensation from t	he organization			
and related organizations greater than \$	150,000? If "Yes.	" co	mpl	ete S	Sche	dule	e J f	or such individual	•	4	X	ĺ

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

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

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
	EXECUTIVE SEARCH, FUNDRAISING	233,617.
	BRAND MESSAGING AND GRAPHIC DESIGN	213,225.
		· · · · · · · · · · · · · · · · · · ·
		<u> </u>
2 Total number of independent contractors (including but not limited to those listed	l above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

\$100,000 of compensation from the organization

Form **990** (2019)

932008 01-20-20

Fai			Check if Schedule O contains a response	or note to any line	a in this Dart VIII			
			Check if Schedule O Contains a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1:	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and	2,793,888.				
e i i		a	Similar amounts not included above Noncash contributions included in lines 1a-1f 1g \$	160,274.				
Seg		_	Total. Add lines 1a-1f	•	13,695,014.		1	<u> </u>
				Business Code				
8	2	а	CONTRACT REVENUE	900099	1,558,711.	1,558,711.		
Program Service Revenue		b						
E S		C						
Pag Beg		d e						
F			All other program service revenue					
			Total. Add lines 2a-2f	<i>'</i> ▶	1,558,711.			
	3		Investment income (including dividends, inte other similar amounts) Income from investment of tax-exempt bond	•	219,828.			219,828.
	5		Royalties	•				
			(i) Real	(ii) Personal	•			i '
	6		Gross rents 6a	+				
			Less rental expenses 6b					
			Rental income or (loss) 6c Net rental income or (loss)					<u>. </u>
			Gross amount from sales of (i) Securities	(ii) Other			<u> </u>	
	•	-	assets other than inventory 7a 3,275,757					
nue			Less cost or other basis and sales expenses 7b 3,246,160					
eve				-	29,597.			29,597.
Other Revenue			Net gain or (loss) Gross income from fundraising events (not including \$ of					25,457.
		ь	contributions reported on line 1c) See Part IV, line 18 Less direct expenses					•
			Net income or (loss) from fundraising events	•				
			Gross income from gaming activities. See Part IV, line 19					
			Less direct expenses	<u>b</u>				
			Net income or (loss) from gaming activities Gross sales of inventory, less returns	<u> </u>		·-		
	וו	a	and allowances)a				
		ь	Less cost of goods sold					
			Net income or (loss) from sales of inventory	•				
				Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS	900099	22,193.			22,193.
lane		b				-		
Sev		c	An	 	-			
Μis			All other revenue		22,193.			
	12	e	Total Add lines 11a-11d Total revenue See instructions		15,525,343.	1,558,711.	0.	271,618.

932009 01-20-20

Form 990 WOODWELL									04-300	5051
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	c all	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	١				oyee		the	organizations	compensation
	(list any	recto				Ē		organization	(W-2/1099-MISC)	from the
	hours for related	50	e e	l		sated		(W-2/1099-MISC)		organization
	organizations	ruste	l trus		ag.	ag w				and related organizations
,	below	gag	Institutional trustee	l _	m pfo	i	, .			Organizations
	line)	Individual trustee or director	Instr	Officer	Key employee	Highest compensated employee	Former			
(27) ROGER KRANENBURG	1.00		-						-	-
DIRECTOR		X						0.	0.	0
(28) DANIEL REIFSNYDER	1.00									
DIRECTOR		X	_	<u> </u>	<u> </u>	L_		0.	0.	0
(29) MARY EVELYN TUCKER	1.00	1								
DIRECTOR	 	X		_				0.	0.	0
(30) SCOTT GOETZ	1.00	Į								_
DIRECTOR	40.00	X			<u> </u>			0.	0.	0
(31) PHILIP DUFFY	40.00	.,		ļ.,				242 210	,	42 050
PRESIDENT/EXECUTIVE DIRECTOR (32) ROBERT MAX HOLMES	40.00	X	\vdash	Х	┢	├─	-	342,218.	0.	43,852
DEPUTY DIRECTOR/SENIOR SCIENTIST	40.00	ł		x				197,387.	0.	26,161
(33) ALISON SMART	40.00	╁╌	<u> </u>	A		┢		191,301.		20,101
VICE PRESIDENT FOR STRATEGY & ADVANC	30.00	1		x				179,402.	0.	44,080
(34) CAMILLE ROMANO	40.00			-	 			1/5/1021	0.	11,000
CHIEF FINANCIAL OFFICER	1000	1		x				162,813.	0.	42,135
(35) DAVID MCGLINCHEY	40.00	1			ļ	_				
CHIEF OF EXTERNAL AFFAIRS		1		X				138,681.	0.	39,849
(36) LESLIE KOLTERMAN	40,00							-		-
CHIEF DEVELOPMENT OFFICER (AS OF 3/2		1		x				0.	0.	0
(37) HEATHER GOLDSTONE	40.00									
CHIEF COMMUNICATIONS OFFICER (AS OF				X				0.	0.	0
(38) LINDA DEEGAN	40.00									
SENIOR SCIENTIST				_		X		196,074.	0.	28,562
(39) CHRISTOPHER NEILL	40.00									
SENIOR SCIENTIST		<u> </u>	_	L		X		195,908.	0.	28,562
(40) MICHAEL COE	40.00	1	İ						_	
SENIOR SCIENTIST		L.	$ldsymbol{f eta}$	<u> </u>	<u> </u>	X		175,385.	0.	34,110
(41) WAYNE WALKER	40.00	ļ							_	
ASSOCIATE SCIENTIST	1		┡		<u> </u>	X		134,931.	0.	39,226
(42) SUSAN NATALI	40.00	ļ						100 554		05 504
ASSOCIATE SCIENTIST	-	-	 	_		Х		129,554.	0.	27,721
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								1,852,353.		354,258

	t IX Statement of Functional Expens on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must cor	mplete column (A)	
	Check if Schedule O contains a respor	•			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	299,759.	299,759.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				•
	organizations, foreign governments, and foreign	04 050	04 050		
	ındıvıduals. See Part IV, lines 15 and 16	81,852.	81,852.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	4 245 225	464 000		
	trustees, and key employees	1,315,897.	461,923.	621,994.	231,980.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 771 042	0.700.100	000 000	450 544
7	Other salaries and wages	3,771,843.	2,782,199.	829,930.	159,714.
8	Pension plan accruals and contributions (include	277 102	267 205	97 363	22 546
_	section 401(k) and 403(b) employer contributions)	377,103. 1,592,493.	267,295.	87,262.	22,546.
9	Other employee benefits	449,076.	1,038,281.	443,506.	110,706.
10	Payroll taxes	445,070.	285,955.	129,318.	33,803.
11	Fees for services (nonemployees)				
	Management	70,652.	15,978.	54,674.	
b	Legal	49,236.	13,370.	49,236.	
C	Accounting	43,230.		43,230.	
d	Lobbying Professional fundrausing converse. See Part IV. June 17.	134,585.			134,585.
e	Professional fundraising services. See Part IV, line 17 Investment management fees	53,751.		53,751.	134,303.
f	Other (If line 11g amount exceeds 10% of line 25,	33,731.		33,731.	
9	column (A) amount, list line 11g expenses on Sch 0.)	818,118.	421,208.	84,261.	312,649.
12	Advertising and promotion	2,500.	1,250.	01,201.	1,250.
13	Office expenses	278,538.	106,226.	119,250.	53,062.
14	Information technology	198,762.	44,733.	135,826.	18,203.
15	Royalties				
16	Occupancy	133,402.	3,884.	129,518.	
17	Travel	421,845.	286,947.	32,910.	101,988.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	78,682.	33,364.	34,724.	10,594.
20	Interest	17,740.		17,740.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	446,240.		446,240.	
23	Insurance	118,338.	3,914.	114,424.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, culumii (A)	e a	, "	,	•
•	amount, list line 24e expenses on Schedule 0.) RESEARCH EQUIPMENT AND	331,483.	331,483.		
a b	PARTICIPANT SUPPORT COS	126,946.	126,946.		
c	RECRUITMENT	96,027.	11,490.	25,384.	59,153.
d	MOVING EXPENSES	11,083.		11,083.	
	All other expenses	6,000.	793,729.	-936,813.	149,084.
25	Total functional expenses. Add lines 1 through 24e	11,281,951.	7,398,416.	2,484,218.	1,399,317.
26	Joint costs. Complete this line only if the organization	· · ·			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
					E 990 (2245)

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Dart	Υ	Ra	ance	S

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,585,587.	1	4,548,468.
- 1	2	Savings and temporary cash investments	3,577,299.	2	5,347,652.
	3	Pledges and grants receivable, net	1,919,002.	3	3,175,608.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		:	
		trustee, key employee, creator or founder, substantial contributor, or 35%			·
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
29	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges	157,292.	9	236,420.
	10a	Land, buildings, and equipment cost or other	ı		
- 1		basis Complete Part VI of Schedule D 10a 13,675,945.			
	b	•	5,343,789.	10c	5,067,728.
	11	Investments - publicly traded securities	7,777,976.	11	8,403,706.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	226 205	14	225 220
	15	Other assets See Part IV, line 11	226,395.	15	225,329.
	16	Total assets, Add lines 1 through 15 (must equal line 33)	21,587,340.	16	27,004,911.
	17	Accounts payable and accrued expenses	781,908.	17	819,028.
	18	Grants payable	576,861.	18	318,493.
	19	Deferred revenue	1,380,979.	19	1,265,648.
	20	Tax-exempt bond liabilities	1,300,373.	20	1,205,040.
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,	ľ	-	·
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
<u> </u>				23	
_	23	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	1,206,925.
	24	Other liabilities (including federal income tax, payables to related third		-24	1,200,323.
	25	parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	96,312.	25	119,069.
	26	Total liabilities. Add lines 17 through 25	2,836,060.	26	3,729,163.
	20	Organizations that follow FASB ASC 958, check here	, , , , , , , , , , , , , , , , , , , ,		
S	Ì	and complete lines 27, 28, 32, and 33.			
ž	27	Net assets without donor restrictions	10,577,787.	27	9,882,659.
3919	28	Net assets with donor restrictions	8,173,493.	28	13,393,089.
ā		Organizations that do not follow FASB ASC 958, check here			•
Ē	1	and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	18,751,280.	32	23,275,748.
Z	33	Total liabilities and net assets/fund balances	21,587,340.	33	27,004,911.
					Form 990 (2019)

Form	990 (2019) WOODWELL CLIMATE RESEARCH CENTER	04 - 3	005094	Pa	ige 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,52		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,28		
3	Revenue less expenses. Subtract line 2 from line 1	3	4,24		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u> 18,75</u>		
5	Net unrealized gains (losses) on investments	5	28	6,4	63.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	<u>5,3</u>	87.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	23,27	<u>5,7</u>	<u>48.</u>
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	l .	<u></u>	 -	لـــا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	n a			li
	separate basis, consolidated basis, or both			<u> </u> ,	[]
	Separate basis Consolidated basis Both consolidated and separate basis			- <u></u> -	
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>	X	 -,
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate by	oasis,			[.]
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	audit,	_	"	
	review, or compilation of its financial statements and selection of an independent accountant?		_2c	X	 ,
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sched			-	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl	ie Audit			1
_	Act and OMB Circular A-133?		3a	X	\vdash
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	a audit	36	x	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		1 36		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2019

Open to Public Inspection

Employer identification number Name of the organization 04-3005094 WOODWELL CLIMATE RESEARCH CENTER Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 5 L 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). 6 X 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) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. ____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 WOODWELL CLIMATE RESEARCH CENTER 04-3005 [Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				ı		
	include any "unusual grants ")	<u>8570740.</u>	10366616.	11322911.	9804388.	13695014.	<u>53759669.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			ļ			
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	0550540	10266616	11200011	0004300	12605014	F2750660
	Total. Add lines 1 through 3	8570740.	10366616.	ц1322911.	9804388.	<u> 13695014.</u>	53759669.
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,						2000720
	column (f)						2980728.
6	Public support. Subtract line 5 from line 4_			l		L	50778941.
$\overline{}$		1 , , , , , ,	#1.0040	4) 0047	4 11 0040		(0.7-4-1
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016 10366616.	(c) 2017	(d) 2018	(e) 2019	(f) Total 53759669.
	Amounts from line 4	8370740.	10300010.	113223110	3004300.	12032014.	
8	Gross income from interest,						
	dividends, payments received on	!					
	securities loans, rents, royalties,	88,317.	124 310	124,147.	101 108	219,828.	747,809.
	and income from similar sources	00,317.	124,319.	124,14/	131,130.	219,020.	747,003.
9	Net income from unrelated business						
	activities, whether or not the	<u>'</u>					
40	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	38,554.	38,336.	46,118.	4,097.	22 193	149,298.
44	assets (Explain in Part VI) Total support. Add lines 7 through 10	30,334.	30,330.	40,110.	4,057.	22,173.	54656776.
	Gross receipts from related activities,	etc. /see instructiv	ne)	1,		12 3	,541,951.
	First five years. If the Form 990 is for			d fourth or fifth ta	y vear as a section		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
13	organization, check this box and sto	-	s mst, second, tim	u, louren, or men ta	x year as a section	1 30 1 (0)(0)	▶□
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2019 (olumn (f))		14	92.91 %
	Public support percentage from 2018	•	•			15	94.07 %
	33 1/3% support test - 2019. If the			n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies						►X
t	33 1/3% support test - 2018. If the		-		line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual	-					▶□
17a	10% -facts-and-circumstances test				13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not d	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	▶□
18	Private foundation. If the organization	on did not check a	<u>box on line 13, 16</u>	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ▶ □
					Sche	edule A (Form 990	or 990-EZ) 2019

932022 09-25-19

(Complete only if you checked the box on line 10 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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Tốtal
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ .					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that				1 /	1	
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	1					
	ızatıon's benefit and either paid to				1/		
	or expended on its behalf				<u> </u>		
5	The value of services or facilities			/			
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			1			
t	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on	/ '		ŀ			
	securities loans, rents, royalties,						
	and income from similar sources				ļ	<u> </u>	
t	Unrelated business taxable income	,/		1			
	(less section 511 taxes) from businesses	ļ					
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						ļ
	activities not included in line 10b, whether or not the business is						
	regularly carned on						
12	Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI)			ļ			
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, the	rd, fourth, or fifth t	tax year as a sectio	n 501(c)(3) organıza	ation,
_	check this box and stop here						▶
_	ction C. Computation of Publ					T	
15	Public support percentage for 2019 (•	column (f))		15	<u>%</u>
<u>16′</u>						16	<u>%</u>
	ction D. Computation of Inves					 	
17	Investment income percentage for 2	-		ine 13, column (f))	•	17	%
18	Investment income percentage from					[18]	%
198	33 1/3% support tests - 2019. If the	-					7 is not
	more than 33 1/3%, check this box a	="	-		- · ·		▶□
k	33 1/3% support tests - 2018. If the	=					and
	line 18 is not more than 33 1/3%, che			•		-	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			>
9320	23 09-25-19		-a -	_	Sch	edule A (Form 990	or 990-EZ) 2019

Part IV | Supporting Organizations

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

Section	Α.	ΑII	Sup	porting	Org	janizations
---------	----	-----	-----	---------	-----	-------------

organization was described in section 509(a)(1) or (2)

1	Are all of the organization's supported organizations listed by name in the organization's governing					
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by					
	class or purpose, describe the designation. If historic and continuing relationship, explain					
2	Did the organization have any supported organization that does not have an IRS determination of status					
	under section 509(a)(1) or (2)? If "Ves " explain in Part VI how the organization determined that the support					

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes." and *if you checked 12a or 12b in Part I, answer (b) and (c) below*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	_1		
	2		
	3a		
	3c		
	4a		
	, 		
	4b		
	4c		
	5a		
	5b 5c		
	6		- •
•	7	-	
	8	-	1
	9a		,
	9b		
	9c		
	10a		
	10b		

932024 09-25-19

		00509	4 Pa	age 5
Pai	rt IV Supporting Organizations (continued)			r
44	Has the organization accepted a gift or contribution from any of the following persons?	:	Yes	No
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	İ		l
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	1110	L	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
_	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ĺ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			l
	controlled the organization's activities if the organization had more than one supported organization,			l
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			l
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	,		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	Ì		l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		l
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
а	The organization satisfied the Activities Test Complete line 2 below	-		
ь	The organization is the parent of each of its supported organizations Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions).	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			ł
	how the organization was responsive to those supported organizations, and how the organization determined	ــــا		l
	that these activities constituted substantially all of its activities	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	ı		
а		1		ĺ
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
Ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
93202	5 09-25-19 Schedule A (Form		90-EZ)	2019

Sche	edule A (Form 990 or 990-EZ) 2019 WOODWELL CLIMATE RESEAR	CH CE	NTER	04-3005094 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov 20, 1970 (explain in l	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete S	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		<u></u>
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
_	instructions for short tax year or assets field for part of year)		<u> </u>	
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	1		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	- :	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		-	
	emergency temporary reduction (see instructions).	6		
	Chock hard if the current year is the organization's first as a non-functions	lly integra	ted Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-E	Z) 2019 WC	ODWELL	CLIMATE	RESEARCH	<u>CENTER</u>	04-3005094 Page
Part VI	Supplemental	Informati	On. Provide	the explanation	ns required by Part	t II. line 10. Part II. line	17a or 17b, Part III, line 12,
	Part IV Section A	lines 1 2 3	h 3c 4h 4c	5a 6 9a 9b 9	c 11a 11h and 1	1c. Part IV. Section B	lines 1 and 2, Part IV, Section C,
	line 1 Part IV Sec	tion D. lines	2 and 3 Part	IV Section F I	nes 1c 2a 2h 3a	and 3h Part V line 1	, Part V, Section B, line 1e, Part V,
	Section D. lines 6	6 and 8 an	d Dart V Soc	tion E. lings 2. f	and 6 Also com	nlete this part for any	additional information.
	(Coo mota estima)	o, and o, an	u Fart V, Sec	tion E, lines 2, 5	o, and o Also com	piete triis part for arry	additional information.
	(See instructions.)				 		
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 04-3005094

Pai	WOODWELL CLIMATE RI		CCOUNTS Complete if the
[· u	organization answered "Yes" on Form 990, Part IV, Iin		Complete it the
	organization answered Tes on Form 990, Fart IV, IIII	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) a one: a one of the original original ori	
-			
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	Lumbra that the coasts hald in depart advised for	
5	Did the organization inform all donors and donor advisors in the organization of a property of the organization of	-	Yes No
_	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o impermissible private benefit?	r donor advisor, or for any other purpose come	Yes No
Pai		ganization answered "Ves" on Form 990 Part IV	
Ь	Purpose(s) of conservation easements held by the organization		·, iiio /.
1	Preservation of land for public use (for example, recrea		torically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space	Freservation of a cer	thed historic structure
•	<u> </u>	field consequences contribution in the form of a c	anconvition accoment on the last
2	Complete lines 2a through 2d if the organization held a qualif	ned conservation contribution in the form of a c	Held at the End of the Tax Year
_	day of the tax year Total number of conservation easements		2a
a			2b
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stri	usturo included in (a)	20
٥	Number of conservation easements included in (c) acquired a		20
a		arter 1723/00, and not on a historic structure	2d
•	listed in the National Register Number of conservation easements modified, transferred, rel	lanced extinguished or terminated by the organ	
3	year	eased, extinguished, or terminated by the organ	mzation during the tax
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>	, ,	g ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	asements during the year
	▶\$		-
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(E	3)()
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ment and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statements t	hat describes the
	organization's accounting for conservation easements		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	
ь	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financial gain,	
_	the following amounts required to be reported under FASB A	· · · · · ·	
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		▶ \$
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2019

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

932051 10-02-19

		L CLIMATE E							05094	
Par	t III Organizations Maintaining C	ollections of Art	<u>t, Histo</u>	orical Tre	asures, o	r Othe	<u>r Similar A</u>	ssets	(continue	:d)
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the fo	ollowing that	make s	ignificant use	of its		
	collection items (check all that apply)									
а	Public exhibition	d	╵╚┈	oan or excl	nange progra	am				
Ь	Scholarly research	е		Other	_					
C	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	how the	ey further th	e organizatio	n's exer	npt purpose i	n Part	XIII	
5	During the year, did the organization solicit of	r receive donations o	of art, his	torical treas	ures, or othe	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No.
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	organizatioi	n answered '	"Yes" on	Form 990, Pa	art IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodia	an or other intermed	ary for c	ontributions	or other ass	sets not	ıncluded			
	on Form 990, Part X?		•						Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing ta	able						
		•	•						Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	stodial acco	unt liabil	lity?		Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation	n has been j	provided on I	Part XIII				
Par	t V Endowment Funds. Complete	f the organization an	swered "	'Yes" on Fo	rm 990, Part	IV, line	10			
		(a) Current year	(b) Pi	rior year	(c) Two year	rs back	(d) Three year	s back	(e) Four ye	ars back_
1a	Beginning of year balance	6,889,910.	6,	661,408.	5,25	3,922.	4,877	,532.	5,20	64,206.
b	Contributions	75,200.		5,700.	1,27	2,200.	2	,200.		1,100.
С	Net investment earnings, gains, and losses	362,011.		473,372.	365	5,823.	621	,288.	-2:	31,370.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	265,188.		250,570.	230	0,537.	247	,098.	15	56,404.
f	Administrative expenses									
g	End of year balance	7,061,933.	6,	889,910.	6,66	1,408.	5,253	,922.	4,8	77,532.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as					
а	Board designated or quasi-endowment	25.52	_%							
b	Permanent endowment ► 53.45	%								
C	Term endowment ► 21.03	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiza	ition that	are held an	id administer	red for th	ne organizatio	n	_	
	by								\Y	es No
	(i) Unrelated organizations								3a(i)	<u> </u>
	(ii) Related organizations								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sc	hedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fu	unds						
Pai	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o			or other		ccumulated		(d) Book v	/alue
		basis (investr	nent)		(other)	de	preciation			
1a	Land				7,571.					,571.
b	Buildings			<u> 11,11</u>	1,041.	7,	<u>102,082</u>	-	<u>4,008</u>	<u>,959.</u>
С	Leasehold improvements		1							
d	Equipment				6,636.	1,	<u>465,438</u>		541,	<u>,198.</u>
<u>e</u>	Other			4	0,697.		40,697			0.
<u>Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. colum	n (B). line 1	0c.)			<u> </u>	<u>5,067</u>	<u>, 728.</u>

Schedule D (Form 990) 2019

(9)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

119,069.

Schedule D (Form 990) 2019

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

SCHEDULE F

Statement of Activities Outside the United States

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

ivaine or the organization					Linployer identi	i i
WOODWELL CLIMAT	E RESEARO	CH CENTE	R·		-04-30050	94
			side the United States. Comple	ete if the organ	zation answered "	Yes" on ,
Form 990, Part IV						
-	_		ds to substantiate the amount of its gra			ı. —
the grantees' eligibility for	or the grants or a	issistance, and t	the selection criteria used to award the	grants or assis	tance? A	Yes No
O Far mantingkons Doco	ribo in Part V the	organization's	procedures for monitoring the use of its	arante and ot	har accietance out	cide the
2 For grantmakers. Desc United States	nbe in Fait v uie	organization s	procedures for mornitoring the use of its	grants and ot		side die ',
	ne following Part	I. line 3 table ca	an be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
•	in the region	independent contractors	gram services, investments, grants to recipients located in the region)		specific type (s) in the region	investments
		in the region	recipients located in the region)	UI SCIVICE	(s) in the region	in the region
				RESEARCH, P		
	,		GRANTMAKING	ANALYSIS, C BUILDING	APACITY	56,852.
SOUTH AMERICA RUSSIA AND	0	0	GRANTMAKING	ROILDING		30,832.
NEIGHBORING STATES -	•					
ARMENIA, AZERBIJAN,						
BELARUS	0	0	GRANTMAKING	RESEARCH		25,000.
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			,			
3 a Subtotal	0	0	<u> </u>			81,852.
b Total from continuation						1
sheets to Part I	0	C				0.
c Totals (add lines 3a						
' and 3b)	0-	0		1		81,852.

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

Schedule F (Form 990) 2019

04-3005094

Page 2

WOODWELL CLIMATE RESEARCH CENTER

Schedule F (Form 990) 2019

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of valuation (book, FMV, appraisal, other) : 3 Ş ٠, (h) Description of noncash assistance (g) Amount of noncash assistance 0 。 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt cash disbursement 56,852. WIRE TRANSFER (f) Manner of 25,000, WIRE TRANSFER of cash grant (e) Amount (d) Purpose of grant RESEARCH RESEARCH (c) Region OUTH AMERICA NEIGHBORING USSIA AND STATES (b) IRS code section and EIN (if applicable) (a) Name of organization

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities Schedule F (Form 990) 2019

Page 3

Schedule F (Form 990) 2019 WOODWELL CLIMATE RESEARCH CENTER 04-3005094

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2019
(g) Description of noncash assistance					Schedu
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

932073 10-12-19

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	· 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, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		1
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign	•	
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes [X 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)	Yes	X No
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,		1
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund	•	
	(see Instructions for Form 8621)	Yes [X No
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)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year?		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713, don't file with Form 990)	Yes [X No

Schedule F (Form 990) 2019

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 4

Open to Public Inspection

WOODWELL	CLIMATE	RESEARCH	CENTER	04-

Employer identification number 3005004

	Complete if the organization answer	-			ine 17 Form 990-EZ	
required to complete this pai	t					
Indicate whether the organization rai	e X Solicita f X Solicita g X Special	tion of tion of fundra	non-g gover using d	overnment grants nment grants events ficers, directors, trus	tees, or	. No
b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the	viduals or entities (fundraisers) pursu			-		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
DEVELOPMENT GUILD/DDI INC -	PLANNING, MANAGEMENT, AND	Yes	No			
233 HARVARD STREET, STE 107,	PREPARATION OF MATERIALS,		X	0.	134,585.	-134,585.
Total 3 List all states in which the organization or licensing	on is registered or licensed to solicit of	contrib	▶ utions	or has been notified	134,585.	-134,585. gistration
AL, AK, AZ, AR, CA, CO, CT,	DE, FL, GA, HI, ID, IL,	IN, I	Α,Κ	S, KY, LA, ME	,MD,MA,MI,	MN,MS,MO
MT,NE,NV,NH,NJ,NM,NY,	NC, ND, OH, OK, OR, PA, I	RI,S	SC,S	SD, TN, TX, UT	,VT,VA,WA,	WV,WI,WY
					·	
						
	<u> </u>					

932081 09-11-19

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 WOODWELL CLIMATE RESEARCH CENTER

04-3005094 Page 2

Schedule G (Form 990 or 990 EZ) 2019 WOODWELL CLIMATE RESEARCH CENTER 04-3	005094	Page'3
11 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?	Yes	No
13 Indicate the percentage of gaming activity conducted in	i i	
a The organization's facility	13a	<u>%</u>
b An outside facility	13b	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name		
Address ▶		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
of gaming revenue retained by the third party > \$		
c If "Yes," enter name and address of the third party		
No		
Name		
Address >		
16 Gaming manager information		
Name		
0		
Gaming manager compensation > \$		
Description of services provided		
Director/officer Employee Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
retain the state gaming license?	Yes	☐ No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's own exempt activities during the tax year > \$		
Part IV. Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part	: III, lines 9, 9	9b, 10b,
15b, 15c, 16, and 17b, as applicable Also provide any additional information. See instructions.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:	
(I) NAME OF FUNDRAISER: DEVELOPMENT GUILD/DDI INC		
(I) ADDRESS OF FUNDRAISER:		
233 HARVARD STREET, STE 107, BROOKLINE, MA 02446		
233 MENTED DINEBLY DIE 101, DROOMBING, MA 02440		
(II) ACTIVITY: PLANNING, MANAGEMENT, AND PREPARATION OF MATERIALS	, SOLI	CITA
932083 09-11-19 Schedule G (Form	990 or 990	-EZ) 2019

Schedule G	(Form 990 or 990-EZ)	WOODWELL	CLIMATE	RESEARCH	CENTER	04-3005094	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Inform	mation (continue	ed)				
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SCHEDULE I (Form 990) Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete If the organization answered "Yes" on Form 980, Part IV, line 21 or 22.

▶ Attach to Form 990.

2019 Open to Public	Inspection
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OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information.

Open to Public	Inspection	

. & 2 [] Schedule I (Form 990) (2019) Employer identification number -04 - 3005094(h) Purpose of grant CIENTIFIC RESEARCH SCIENTIFIC RESEARCH SCIENTIFIC RESEARCH SCIENTIFIC RESEARCH SCIENTIFIC RESEARCH SCIENTIFIC RESEARCH or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) . ٠. ٥. ٥. 。 ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States reciplent that received more than \$5,000. Part II can be duplicated if additional space is needed 556. 15,142. 124 139. (d) Amount of 44,895, 30,370, 34, 789 cash grant 21, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table WOODWELL CLIMATE RESEARCH CENTER (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the line in the LHA For Paperwork Reduction Act Notice, see the Instructions for Form 890. 38-6006309 \$01(C)(3) 501(C)(3) 501(C)(3) 04-2868893 501(C)(3) 501(C)(3) 501(C)(3) 23-1352621 15-0532082 54-2065665 86-0193726 Part | General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? UNIVERSITY OF MICHIGAN, REGENTS OF 1298 S KNOLES DR, ARD BLDG 56, STE 1 (a) Name and address of organization NATIONAL INSTITUTE OF AEROSPACE WOLVERINE TOWER - ANN ARBOR, MI 100 EXPLORATION WAY, SUITE 214 MASSACHUSETTS GENERAL HOSPITAL THE - 3003 S STATE ST. G395 NORTHERN ARIZONA UNIVERSITY 399 REVOLUTION DR, STE 645 SOMERVILLE, MA 02145-1465 or government BRYN MAWR, PA 19010-2899 FLAGSTAFF, AZ 86011-4130 HAMPTON, VA 23666-6186 ITHACA, NY 14850-2820 101 N MERION AVENUE Name of the organization 373 PINE TREE ROAD CORNELL UNIVERSITY BRYN MAWR COLLEGE 48109-1340 Part

832101 10-26-19

Schedule I (Form 990) WOODWELL CLIMATE RESEARCH CENTER Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	CLIMATE RASSISTANCE to GO	WOODWELL CLIMATE RESEARCH CENTER stants and Other Assistance to Governments and Organization	ER zations in the Uni		(Schedule I (Form 990). Part II.)		04-3005094 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARINE BIOLOGICAL LABORATORY 7 MBL STREET WOODS HOLE, MA 02543-1015	04-2104690 501(C)(3)	501(C)(3)	12,327.	0.			SCIENTIFIC RESEARCH
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115-5000	04-1679980	501(C)(3)	8,197.	0.			SCIENTIFIC RESBARCH
						,	
			<u>-</u>			-	
632241		,			,		Schedule I (Form 990)

932241 04-01-19 Schedule (Form 990) (2019) WOODWELL CLIMATE RESEARCH CENTER

Page 2

04-3005094

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) GRANT ACCOUNTANT REVIEWS THE INVOICES FOR COMPLIANCE TO BUDGET LINE ITEMS. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information THE DETAILED BUDGET PLAN. THE INDIVIDUALS/ORGANIZATIONS PREPARE AND SUBMIT INVOICES TO THE ACCOUNTING DEPARTMENT. THESE INVOICES ARE REVIEWED FOR CONSULTING AGREEMENTS AND SUBGRANTS FOR INDIVIDUALS AND ORGANIZATIONS WITHIN THE US ARE PREPARED THROUGH THE OFFICES OF THE CFO/FINANCE AND SIGNED BY THE DIRECTOR. THESE DOCUMENTS CONTAIN A SCOPE OF WORK AND A APPROPRIATENESS AND COMPLIANCE FOR ALLOWABLE/UNALLOWABLE EXPENSES. (d) Amount of non-cash assistance (c) Amount of cash grant 1 (b) Number of recipients (a) Type of grant or assistance 1 PART I, LINE 2:

SIGNIFICANT VARIANCES TO BUDGET ARE REVIEWED BY THE CFO AND PRINCIPAL

932102 10-26-19

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 ·

Open to Públic Inspection

Name of the organization

Part I. | Questions Regarding Compensation

WOODWELL CLIMATE RESEARCH CENTER

Employer identification number 04-3005094

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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			1. 1
	Travel for companions Payments for business use of personal residence			Ì
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			}
		1]
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or]
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee X Written employment contract			l
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee	:		ĺ
	·		}	١ ١
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization		-	اــــا
а	Receive a severance payment or change-of-control payment?	4a	ļ	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
			ŀ	-
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
a	•	5a		X
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		•	
	contingent on the net earnings of			$\overline{\mathbf{x}}$
	The organization?	6a	<u> </u>	$\frac{\Lambda}{X}$
þ	Any related organization?	6b		 ^- ,
_	If "Yes" on line 6a or 6b, describe in Part III			
7			X	1
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			X
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	negulations section 55.4550-0(C)?	ו ט		1

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

Schedule J (Form 990) 2019

Page 2

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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

For each individual whose compensation must be reported on 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 aren't 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, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a).(ii(a)	reported as deferred on prior Form 990
(1) PHILIP DUFFY	E	311,618.	30,600.	0	28,000.	15,852.	386,070.	0
PRESIDENT/EXECUTIVE DIRECTOR	: ≘	0	0	0	0	0.	0	0
(2) ROBERT MAX HOLMES	Ξ	185,065	12,322.	0	19,945.	6,216.	223,548.	0
DEPUTY DIRECTOR/SENIOR SCIENTIST	€		0	0.	• 0	• 0	0	0
(3) ALISON SMART	Ξ	172,197	7,205.	0.	18,993.	25,087.	223,482.	0
VICE PRESIDENT FOR STRATEGY & ADVANC		0	0	0.	0.	0.	0.	0
(4) CAMILLE ROMANO	⊜	156,346	6,467.	0	17,048.	25,087.	204,948.	0
CHIEF FINANCIAL OFFICER	Ξ	0	0	0	0.	• 0		0
(5) DAVID MCGLINCHEY	Ξ	133,081	5,600.	0	14,762.	25,087.	178,530.	0
CHIEF OF EXTERNAL AFFAIRS	(II)	0	0.	0		0.	0	.0
(6) LINDA DEEGAN	(3)	188,648	7,426.	.0	19,576.	8,986.	224,636.	.0
SENIOR SCIENTIST	Ξ	0	0	0	0	0	0	.0
(7) CHRISTOPHER NEILL	ε	188,482	7,426.	0	19,576.	8,986.	224,470.	0
SENIOR SCIENTIST	≘		0.	0	0	0.	0.	0
(8) MICHAEL COE	≘	168,623	6,762.	.0	18,114.	15,996.	209,49	0.
SENIOR SCIENTIST	(iii)		0.	0	0.			0
(9) WAYNE WALKER	€	129,567.	5,364.	0	14,139.	25,087.	174,157.	0
ASSOCIATE SCIENTIST	⊞	0		0		0		0.
(10) SUSAN NATALI	Ξ	124,484.	5,070.	• 0	13,368.	14,353.	157,275.	0.
ASSOCIATE SCIENTIST	Ξ	0.	0	• 0	0	.0	0.	0.
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:
AT TIMES THE ORGANIZATION PROVIDES EMPLOYEES WITH ADDITIONAL
PERFORMANCE-BASED COMPENSATION. AT THE DISCRETION OF THE DIRECTOR, THE
BONUS PROVIDED IN 2019 FOR ALL STAFF WAS PROVIDED TO RECOGNIZE EXCELLENT
WORK BY THOSE INDIVIDUALS OVER THE PRIOR FISCAL YEAR. THE AMOUNT PROVIDED
WAS THE SAME 4% OF BASE COMPENSATION FOR ALL AND WAS DETERMINED AN
APPROPRIATE AMOUNT BY THE DIRECTOR.
THE DIRECTOR'S EMPLOYMENT CONTRACT PROVIDES FOR A MERIT BASED BONUS (NOT TO
SXCEED 10% OF BASE COMPENSATION) IF APPROVED BY THE BOARD OF DIRECTORS.
THE BOARD DETERMINES INCENTIVE GOALS EACH YEAR AND THEN ANNUALLY DETERMINES
WHETHER SUFFICIENT PROGRESS TOWARD THOSE GOALS HAS BEEN MADE. IN 2019 THE
SOARD APPROVED A BONUS TO THE DIRECTOR IN THE AMOUNT INDICATED BASED ON
SUCCESSFUL ATTAINMENT OF THOSE INCENTIVE GOALS.
Schedule J (Form 990) 2019

Schedule K (Form 990) 2019 (i) Pooled financing **Employer Identification number** 2019 Open to Public OMB No 1545-0047 Yes ŝ Inspection (g) Defeased (h) On behalf 04-3005094 Š × of Issuer Yes ŝ × Yes ŝ 2,531,484. \$603,900; CURRENT (f) Description of purpose Yes CONSTRUCTION Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS ŝ 0 Supplemental Information on Tax-Exempt Bonds Yes (e) Issue price 531,484. 1,908,307 603,900 19,277 × ŝ 2010 (d) Date issued 08/14/09 Yes × × CLIMATE RESEARCH CENTER A EDUCATION FACILITIES AUT 04-245601157586ELD1 (c) CUSIP# For Paperwork Reduction Act Notice, see the instructions for Form 990. Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of taxable bonds (or, if (b) Issuer EIN issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds WOODWELL MASSACHUSETTS HEALTH Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds final allocation of proceeds? (a) Issuer name Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization **Bond Issues** Part II Proceeds Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990) Part ₹ 9 옏 9 # 8 莻

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CENTER	
RESEARCH	
CLIMATE	
WOODWELL	

Part III Private Business Use

Schedule K (Form 990) 2019

Page 2

04-3005094

Schedule K (Form 990) 2019 ፠ ŝ ŝ Yes Yes % % % ŝ 운 Yes % % % % ŝ £ Yes Yes % % % % 윈× 윈 × × × × × × bd × Yes Yes counsel to review any management or service contracts relating to the financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside d if "Yes" to line 3c, does the organization routinely engage bond counsel or other outside Enter the percentage of financed property used in a private business use as a result of governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Has the organization established written procedures to ensure that all nonqualified Has there been a sale or disposition of any of the bond-financed property to a nonentities other than a section 501(c)(3) organization or a state or local government bonds of the issue are remediated in accordance with the requirements under Are there any research agreements that may result in private business use of counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another Are there any lease arrangements that may result in private business use of If "Yes" to line 2c, provide in Part VI the date the rebate computation was Are there any management or service contracts that may result in private Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and 1 Was the organization a partner in a partnership, or a member of an LLC, Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government which owned property financed by tax-exempt bonds? Regulations sections 1 141-12 and 1,145-2? business use of bond-financed property? If "No" to line 1, did the following apply? Is the bond issue a variable rate issue? Penalty in Lieu of Arbitrage Rebate? bond-financed property? bond-financed property? 1.141-12 and 1 145-2? Total of lines 4 and 5 b Exception to rebate? a Rebate not due yet? c No rebate due? Arbitrage performed 932122 10-18-19 Part IV U 39 8 N 8 ဖ 6

Page 3 Š å Yes Yes å å Yes Yes 04-3005094 ş ဍိ ISSUER NAME: MASSACHUSETTS HEALTH & EDUCATION FACILITIES AUTHORITY 00 Yes Yes Part VI Supplemental Information. Provide additional Information for responses to questions on Schedule K. See instructions ĝ ŝ × × × - \$1,927,584 Yes Yes WOODWELL CLIMATE RESEARCH CENTER d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of \$603,900; CURRENT REFUNDING closing agreement program if self-remediation isn't available under applicable Were any gross proceeds invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 4a Has the organization or the governmental issuer entered into a qualified SCHEDULE K, PART I, BOND ISSUES: Part V Procedures To Undertake Corrective Action DESCRIPTION OF PURPOSE hedge with respect to the bond issue? d Was the hedge superintegrated? e Was the hedge terminated? Part IV Arbitrage (continued) Schedule K (Form 990) 2019 ı CONSTRUCTION b Name of provider b Name of provider c Term of hedge section 1487 regulations? c Term of GIC (A) (F) 9

Schedule K (Form 990) 2019

32123 10-18-19

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name	of the organization					Employer ident	tification	on nu	mber		
	WOODWELL CLIMATE RESEARCH CENTER 04-3										
Par	t I Types of Property			•							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part VI	ted on	(d) Method of de noncash contribu	etermin		ts		
1	Art - Works of art										
2	Art - Historical treasures										
3	Art - Fractional interests										
4	Books and publications	<u> </u>	ļ								
5	Clothing and household goods	<u> </u>									
6	Cars and other vehicles										
7	Boats and planes										
8	Intellectual property										
9	Securities - Publicly traded	<u></u>	i								
10	Securities - Closely held stock	<u></u>									
11	Securities - Partnership, LLC, or		'								
	trust interests	ļ									
12	Securities - Miscellaneous										
13	Qualified conservation contribution -										
	Historic structures ' '	,		<u> </u>		 					
14	Qualified conservation contribution - Other										
15	Real estate - Residential			<u> </u>							
16	Real estate - Commercial			} 		 					
17	Real estate - Other										
18	Collectibles	<u> </u>			-						
19	Food inventory	ļ									
20											
21	Taxidermy	ļ		<u> </u>							
22	Historical artifacts	ļ									
23	Scientific specimens	ļ									
24	Archeological artifacts	L		4.60							
25	Other (EQUIPMENT)	Х	5	160	,274.FA	IR VALUE					
26	Other ()			<u></u>							
27	Other		<u> </u>								
28	Other (<u> </u>	<u> </u>	L	,						
29	Number of Forms 8283 received by the organi		•								
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement	29						
		•						Yes	No		
30a	During the year, did the organization receive b								1		
	must hold for at least three years from the date		il contribution, and	which isn't require	ed to be used for	70	-	-	1 2		
	exempt purposes for the entire holding period	?					30a		X		
b	If "Yes," describe the arrangement in Part II.						-		:		
31	Does the organization have a gift acceptance			=		·	31	<u>'</u>	X		
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell	noncash				l		
	contributions?		-				32a		X		
	If "Yes," describe in Part II.								'		
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column	(a) is checked,				1		
	describe in Part II				-				<u></u>		
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990).		Schedule N	A (Forr	n 990)	2019		

Schedule M	VI (Form 99	90) 2019			CLIMAT						<u>04-3005094</u>	
Part II	Suppl	ementa	al Inforr	mation.	Provide the	ınformatı	on required	by Part I,	lines 30b, 32	2b, and 33, ar	nd whether the organ	nization
	is repor	ting in Pa	ırt I, colun	nn (b), the	number of c	ontributio	ons, the num	ber of ite	ms received	, or a combin	ation of both Also c	omplete
	this par	t for any a	addıtıonal	Informati	on							
											-	
CHEDI	M SLI	PAR	πт	COLUM	MIN (B):							
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

WOODWELL CLIMATE RESEARCH CENTER

Employer identification number 04-3005094

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WOODWELL CLIMATE RESEARCH CENTER IS AN ORGANIZATION OF SCIENTISTS WHO
WORK WITH A WORLDWIDE NETWORK OF PARTNERS TO UNDERSTAND AND MANAGE
CLIMATE CHANGE. WE BRING TOGETHER 35 YEARS OF HANDS-ON RESEARCH
EXPERIENCE AND POLICY IMPACT TO FIND SOCIETAL-SCALE SOLUTIONS THAT CAN
BE PUT INTO IMMEDIATE ACTION.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE ARCTIC AND THE TROPICS-CRITICAL REGIONS WHERE NATURAL SYSTEMS
CONTAIN DISPROPORTIONATE SHARES OF THE PLANET'S BIODIVERSITY AND STORED
CARBON, BUT WHERE DEFORESTATION, AGRICULTURE, FIRE, AND CLIMATIC
WARMING PLACE THESE ASSETS AT GREAT RISK.
FORM 990, PART VI, SECTION B, LINE 11B:
ALL MEMBERS RECEIVE THE 990 IN ADVANCE OF FILING. QUESTIONS ARE FUNNELED
THROUGH THE AUDIT COMMITTEE, WHICH REVIEWS/APPROVES FOR SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C:
REPORTED CONFLICTS ARE REVIEWED AND ADDRESSED AS NEEDED WITH DISCLOSURE
AND/OR RECUSAL OF INDIVIDUALS FROM DECISION MAKING AS APPROPRIATE.
FORM 990, PART VI, SECTION B, LINE 15:
THE COMPENSATION COMMITTEE OF THE BOARD DETERMINES THE CEO'S COMPENSATION
USING COMPARABILITY DATA, EXTERNAL SOURCES AND HISTROIC DATA. THE DECISION
MAKING PROCESS IS DOCUMENTED BY THE CHAIR. IN SOME CASES, RECRUITMENT
ORGANIZATIONS ARE USED AND ALL COMPENSATION DECISIONS REDERENCE REGULAR
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)