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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For	the 2007 ca	alendar	year, or tax year beginning	7/1/2007	, and en	ding 6/30/2	800	
В	Check	rf applicable	Please	10250 - 772775 - 7792772277				Emplo	yer identification number
Г		ss change	USS IRS WOODS HOLE DESCARCH CENTED INC			04	3005094		
Ē		print or Number and street (or P.O. box if mail is not delivered to street address) Room/suite E			Teleph	one number			
	•	type. See 149 Woods Hole Road				( 508	) <b>540-9900</b>		
=	Final r		Specific Instruc-	City or town, state or country, a	and ZIP + 4			Accounts	ng method: Cash Accrual
=		ded return	tions.	Falmouth, MA 02540-164	14				her (specify) >
늗		ation pending	• Sec	ction 501(c)(3) organizations and		charitable	H and I are not a		to section 527 organizations
L	, Applic	audir periding		sts must attach a completed Sch			H(a) Is this a gro	up retur	n for affiliates? 🔲 Yes 🗹 No
G	Webs	site: <b>&gt; whr</b>	c.org				H(b) If "Yes," en	ter numb	per of affiliates ▶
							H(c) Are all affilia		
1	Orgai	nization type	(check c	only one) ► 🗹 501(c) ( 3 ) < (i	nsert no.)   4947(a)(1)	or 527	<del></del>		t. See instructions)
K				organization is not a 509(a)(3) sur			H(d) is this a sepa	arate retui	m filed by an by a group ruling? Yes Mo
				ore than \$25,000. A return is not rec	quired, but if the organizat	ion chooses	I Group Exer		
_					·			<del></del>	the organization is not required
L	Gross	s receipts: /	Add line	s 6b, 8b, 9b, and 10b to line 1	2 ▶	9,132,204			form 990, 990-EZ, or 990-PF).
	art I	Reven	ue, Ex	penses, and Changes in	n Net Assets or F	und Bal			
_	1	• •		gifts, grants, and similar an					
	',	_		o donor advised funds	lourits received.	1a	0	,  '	
<b>9</b>	1			upport (not included on line		1b	4,238,140	╗ .	!
á	;	•		support (not included on lire	•	1c	0	<u> </u>	
2			•	ontributions (grants) (not inc	•	1d	3,540,288		
-1	``			1a through 1d) (cash \$			55,508 )	1e	7,778,428
0.45-75.0	2			revenue including governme			, ·	2	0
≥ 2	3	_		ues and assessments		•	•	3	0
•	4		•	ings and temporary cash in				4	450,798
_}} R	5				· · · · · · · ·			5	0
2	6a	_				6a			
2	~			penses		6b	0	-	
				me or (loss). Subtract line 6				6c	0
<u></u>	7			int income (describe				7	0
77	8			from sales of assets other	(A) Securities	·····	(B) Other		
		than inv			856,029	8a	0		
0	- 1 .		•	er basis and sales expenses.	878,250	8b	C	7	
				attach schedule) Stmt 1	-22,221	8c	0	$\Box$	
	1			s). Combine line 8c, columns	(A) and (B)			8d	-22,221
	9			nd activities (attach schedule). It					
	1				<b>0</b> of				
		contribu	tioner	Eposted on line 10)(0)		9a	0		
	l t	b Less: di	rect ex	penses other than hindraisi	no expenses	9b	O	7	
•		c Net inco	me or	(less) Prom special events.	Subtract line 9b from	m line 9a		9c	0
	10a	Gross s	36 o	inventory, less returns and	allowances	10a	0		
				OUS SPICKI . LIT		10b	0	7] ]	
	(	Gross pr	ofit or (	Cronicales of inventory (att	ach schedule). Subtrac	t line 10b	from line 10a	10c	0
	11			(from Part VII, line 103) .				11	46,949
	12			Add lines 1e, 2, 3, 4, 5, 6c,	7, 8d, 9c, 10c, and 1	1		12	8,253,954
	13	Program	servic	ces (from line 44, column (B	3))			13	5,419,384
9	8 14	_		and general (from line 44, co	••			14	2,241,361
Fynone	15			om line 44, column (D))				15	500,860
Š	16			ffiliates (attach schedule) .				16	0
	17			s. Add lines 16 and 44, col				17	8,161,605
2	3 18			cit) for the year. Subtract III				18	92,349
ğ	18 19 20 21			fund balances at beginning		 3 column		19	14,615,025
Š	20			in net assets or fund balar			Stmt 2		-664,252
2	21			ind halances at end of year				21	14 043 122

Form 990 (2007)

(D) Fundraising	(C) Management and general	(B) Program services	(A) Total	
	i		Ì	
		0	0	22a
			Stmt 3	<b>!</b>
		4 605 405	1,605,105	201
		1,605,105	1,000,100	22b
	1	0	o	23
				<del></del>
		0	o	24
233,064	384,526	354,824	972,414	25a
	1			
_	_	أو		
0	0	0	0	25b
0	o	o	0	25c
				200
42.668	381,444	1,563,791	1,987,903	26
	,	, ,		
26,216	72,833	182,433	281,482	27
78,335	215,923	559,122	853,380	28
22,866	63,519	159,104	245,489	29
0	0	0	0	30
0	28,692	0	28,692 5,878	31
12,693	5,878 128,699	130,533	271,925	32
237	12,432	12,896	25,565	34
10,493	4,553	8,263	23,309	35
0	223,974	0	223,974	36
0	8,553	1,290	9,843	37
0	0	3,324	3,324	38
17,049	37,590	471,781	526,420	39
0	0	94,283	94,283	40
0	0	0	0	41
<u>0</u> S	577,834	0	577,834	42
<b>57</b> 000	04.044	270 625	404 705	40-
57,239	94,911	272,635	424,785	43a 43b
				43c
<del></del>				43d
				43e
				43f
				43g
500,860	2,241,361	5,419,384	8,161,605	44

n.		•
۲a	αe	

(Grants and allocations

(Grants and allocations \$

e Other program services (attach schedule)

f Total of Program Service Expenses (should equal line 44, column (B), Program services).

Form 990 (2007)		Page 3
Part III Statement of Program Service Accomplishments (See the instructions.)		
Form 990 is available for public inspection and, for some people, serves as the primary or sole source particular organization. How the public perceives an organization in such cases may be determined by the on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Programs and accomplishments.	he inform Part III, th	nation presented ne organization's
What is the organization's primary exempt purpose? Scientific research/education in global environment of the control of the c	on issu	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) organizations and 4947(a)(1) nonexempt chantable trusts must also enter the amount of grants and allocations to describe the concentration of the conc	number ( and (4)	Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others )
a See Statement 6		
(Grants and allocations \$ ) If this amount includes foreign grants, check here		
(Grants and allocations \$ ) If this amount includes foreign grants, check here  b		
(Grants and allocations \$ ) If this amount includes foreign grants, check here	<b>, ▶</b> □	
c		
	,	
(Grants and allocations \$ ) If this amount includes foreign grants, check here	<b>, ▶</b> □	
d		

) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here >

5,419,384 Form **990** (2007)

Pa	irt IV	Balance Sheets (See the instructions.	.)				
ı		Where required, attached schedules and amounts column should be for end-of-year amounts only.	within	the description	(A) Beginning of year		<b>(B)</b> End of year
	45	Cash—non-interest-bearing			20	45	154
	46	Savings and temporary cash investments .			2,603,851	46	2,948,733
	i .	Accounts receivable	47a 47b	0	0	47c	0
	48a	Pledges receivable	48a	66,611			
	b	Less: allowance for doubtful accounts .	48b	0	195,409		66,611
	49	Grants receivable			1,419,702	49	1,246,611
	50a	Receivables from current and former officers key employees (attach schedule)			0	50a	0
	b	Receivables from other disqualified persons (4958(f)(1)) and persons described in section 495			0	50b	0
y)	51a	Other notes and loans receivable (attach schedule)	51a				
Assets	h		51b		0	51c	0
As	52	Inventories for sale or use			0	52	0
	53	Prepaid expenses and deferred charges			271,245		190,348
	1	Investments—publicly-traded securities			5,346,380		5,070,428
		Investments—other securities (attach schedu				54b	0
		Investments—land, buildings, and					
		equipment: basis	55a	212,651			
	b	Less: accumulated depreciation (attach schedule) See Statement 7	55b	0	212,651	55c	212,651
	56	Investments-other (attach schedule) Stmt 8			40,972	56	42,133
	57a	Land, buildings, and equipment: basis .	57a	10,373,482			
	b	Less: accumulated depreciation (attach schedule) <b>Stmt 9</b>	57b	3,447,344	7,340,839	57c	6,926,138
	58	Other assets, including program-related investigation		ts )	0	58	0
	59	Total assets (must equal line 74). Add lines	45 thr	ough 58	17,431,069		16,703,807
	60	Accounts payable and accrued expenses .			435,828		524,794
	61	Grants payable			0	61	0
	62	Deferred revenue			190,593		34,754
ilities	63	Loans from officers, directors, trustees, and	l key	employees (attach	0	63	0
<u>ā</u>	642	schedule)	See !		2,102,820		2,015,202
Liabi		Mortgages and other notes payable (attach s				64b	0
		Other liabilities (describe > See Statement		, ie)	86,803		85,935
	66	·		,			
		Total liabilities. Add lines 60 through 65 inizations that follow SFAS 117, check here ▶			2,816,044	66	2,660,685
Ś	- 3-	67 through 69 and lines 73 and 74.	_ `				
9	67	Unrestricted			8,211,591	67	8,139,196
<u>a</u>	68	Temporanly restricted			2,761,456	68	2,255,925
ă	69	Permanently restricted			3,641,978	69	3,648,001
Fund	Orga	nizations that do not follow SFAS 117, check complete lines 70 through 74.	here	▶ ☐ and			
٥	70	Capital stock, trust principal, or current funds	S			70	
sts	71	Paid-in or capital surplus, or land, building, a				71	
SSE	72	Retained earnings, endowment, accumulated	Inco	me, or other funds		72	
Net Assets or Fund Balances	73	Total net assets or fund balances. Add line 70 through 72. (Column (A) must equal line	s 67 t 19 and	hrough 69 or lines d column (B) must			
_	l	equal line 21)			14,615,025	73	14,043,122
	74	Total liabilities and net assets/fund balance	s. Add	lines 66 and 73	17.431.069	74	16,703,807

Pa	rt IV-A	Reconciliation of Revenue per Auc instructions.)	lited Financial Statem	ents	With Rev	enue pe	r Ret	um (	See the
a	Total rev	enue, gains, and other support per audit	ted financial statements				а	Γ	7,589,702
b		included on line a but not on Part I, line		• •		• • •			
1		alized gains on investments		b1	-	664,252			
2		services and use of facilities		b2		0			
3		es of prior year grants		<b>b</b> 3					
4		pecify):						İ	
				b4		0			
		s <b>b1</b> through <b>b4</b>					b	Ì	-664,252
С							U		8,253,954
d	Amounts	included on Part I, line 12, but not on li	ne a:						
1	Investme	ent expenses not included on Part I, line	6b	d1		0			
2	Other (sp	pecify):							
				d2					
		s d1 and d2					d		0
е		venue (Part I, line 12). Add lines c and d					е		8,253,954
	rt IV-B	Reconciliation of Expenses per Au	· · · · · · · · · · · · · · · · · · ·	nent	With Exp	enses p		eturr	
а	-	penses and losses per audited financial					а		8,161,605
b		included on line a but not on Part I, line		l land	ı	•			
1		services and use of facilities		b1 b2		0			
2		r adjustments reported on Part I, line 20		b3		0			
3		eported on Part I, line 20		103					
4		pecify):		b4		0			
		- Ind Above and Ind			L		b		۸
_		s b1 through b4					C		8,161,605
C							<u> </u>	<del>                                     </del>	0,101,003
d 1		s included on Part I, line 17, but not on li		i d1	ı	n			
2		ent expenses not included on Part I, line pecify):		<u> </u>					
_	Other (S)			d2		0			
	Add line						d	l	0
е		penses (Part I, line 17). Add lines c and	d				е		8,161,605
Рa		<b>Current Officers, Directors, Trustees</b>					s an o	fficer.	
		or key employee at any time during the ye	ar even if they were not	comp	ensated.) <i>(</i> S	ee the ins	tructi	ons.)	,,
		(A) Name and address	(B) Title and average hours per	(C) C	ompensation t paid, enter	(D) Contribute benefit plan			(E) Expense account and other allowances
			week devoted to position	(11 130	-0)	compens			and other allowances
Sec	e Stateme	nt 13							
			1						
<b>-</b>			4			1			
				ļ					
			_						
				ļ					
			4						
			_						
<b>-</b>			4	}					
<b>-</b>			-						
			4						
				<u> </u>		<u> </u>			
			4						
			i	I					I

_	c
Pane	

Par	t V-A Current	Officers, Directors, Trustees	, and Key Employe	es (continued)	<del></del>		Yes	No
75a	Enter the total nur	mber of officers, directors, and tru	ustees permitted to vo		n business at board 23			
b	employees listed contractors listed	directors, trustees, or key employ in Schedule A, Part I, or hig d in Schedule A, Part II-A or	hest compensated p	rofessional and other through	other independent family or business	75b		,
	•	Yes," attach a statement that ide		•		730		
C	compensated em independent con organizations, wh the definition of "	directors, trustees, or key on ployees listed in Schedule A, tractors listed in Schedule A, tether tax exempt or taxable, that related organization."	Part I, or highest co Part II-A or II-B, rec at are related to the or	ompensated professive compensations and compensations are compensations.	essional and other on from any other the instructions for	75c		V
d		ation have a written conflict of in				75d	~	
	t V-B Former (	Officers, Directors, Trustees, and irector, trustee, or key employee re elow and enter the amount of comp	Key Employees That I ceived compensation o	Received Comper	nsation or Other Bene escribed below) during	the y	ear, lis	ormer st that
	(A) N	lame and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	accou	Expen int and owance	other
					, <u>-</u>			
								, <del></del>
Par		ormation (See the instruction				1	Yes	No
76	detailed statemer	ion make a change in its activition to feach change				76 77		<b>V</b>
77	If "Yes," attach a	es made in the organizing or goven conformed copy of the changes	S.			''		
	this return? .	tion have unrelated business gro				78a		•
		ed a tax return on Form 990-T f	•			78b		
79	a statement .	dation, dissolution, termination, o				79		~
	common member organization? .	on related (other than by associal ership, governing bodies, truste	ees, officers, etc., to	any other exer	mpt or nonexempt	80a		,
b		e name of the organization >						
81a b	Enter direct and	indirect political expenditures. (Sion file Form 1120-POL for this	ee line 81 instructions	s.) <b>[81a</b> ]	0	81h		,

Par	t Vi Other Information (continued)		Yes	No
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		v
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.  (See instructions in Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	~	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	~	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	Section 162(e) lobbying and political expenditures	Ī		1
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1		1
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1		ĺ
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		l
•	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
"	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b	Gross receipts, included on line 12, for public use of club facilities	]		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	ļ		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		v
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		,
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶	i		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		,
c	Enter: Amount of tax imposed on the organization managers or disqualified			1
	persons during the year under sections 4912, 4955, and 4958 ▶			1
	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶			1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	00-	Ì	<b>,</b>
_	transaction?	89e		~
	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	ļ	
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		,
902	List the states with which a copy of this return is filed MA			
	Number of employees employed in the pay period that includes March 12, 2007 (See			
ь	instructions.)			41
91a	Instructions.)  The books are in care of ▶ Robert M Barry  Located at ▶ 149 Woods Road, Falmouth, MA  ZIP + 4 ▶ 02	540-9 540	900	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	_
	account)?	91b	ļ	~
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	and Financial Accounts.	<u> </u>	<u> </u>	<u> </u>

Form 99	90 (2007)						F	age 8
Part	VI Other Information (continued)						Yes	No
92	At any time during the calendar year, did the If "Yes," enter the name of the foreign count Section 4947(a)(1) nonexempt chantable trus and enter the amount of tax-exempt interest	ry ▶ts filing Form 990	in lieu of <b>Form</b>	<b>1041</b> —Check	here			<b>✓</b>
	VII Analysis of Income-Producing A							
Note:	Enter gross amounts unless otherwise	Unrelated b	usiness income	Excluded by sect	on 512, 513, or 514		(E)	
ındıca	ted.	_ (A)	(B)	_ (C)	(D)		elated npt fur	
93	Program service revenue:	Business code	Amount	Exclusion code	Amount	<u> </u>	income	<u> </u>
а	<del></del>					-		
b		<del> </del>				<del> </del>		
C		- <del>                                    </del>	<del>                                       </del>			<del></del>		
a e		<del></del>				<del>                                     </del>		
f	Medicare/Medicaid payments					<u> </u>		
g	Fees and contracts from government agencies	es						
94	Membership dues and assessments							
95	Interest on savings and temporary cash investmen	its		14	450,798	<u> </u>		
96	Dividends and interest from securities					-		
97	Net rental income or (loss) from real estate:					<del> </del>		
a	debt-financed property		<del> </del>	1				
98	not debt-financed property	.,				ļ .		
99	Other investment income	y				1		
100	Gain or (loss) from sales of assets other than invento	rv		18	-22,221			
101	Net income or (loss) from special events .							
102	Gross profit or (loss) from sales of inventory	,		1		ــــــ		
103	Other revenue: a rental income	_		16	44,372	_		
b	reimbursements	<del></del>	<u> </u>	01	2,135	-		
C	lab income	··		01	442	<del> </del>		
ď								
е 104	Subtotal (add columns (B), (D), and (E)) .		0		475,526			0
105	<b>Total</b> (add line 104, columns (B), (D), and (E)	))			<b>&gt;</b>		479	5,526
Note:	Line 105 plus line 1e, Part I, should equal th							
Part	VIII Relationship of Activities to the A	ccomplishment	of Exempt Pun	poses (See th	e instructions.)			
Line					mportantly to the	acco	mplish	ment
	of the organization's exempt purposes (c	other than by provid	ling tunds for suci	n purposes).				
		-						
		<del></del>						
			• •					
Part		bsidiaries and D	isregarded Enti	ties (See the i	nstructions.)			
	(A) Name, address, and EIN of corporation,	(B) Percentage of	(C)		(D)	Fn	( <b>E</b> ) id-of-y	
	partnership, or disregarded entity	ownership interest	Nature of a	ctivities	Total income		assets	
		%				<u> </u>		
		%				<u> </u>		
		<u>%</u>		·		├		
Part	X Information Regarding Transfers Ass	%	sonal Benefit Co	ntracts (See #	ne instructions 1	<u> </u>		
(a)				•			es 🗹	- No
(a) (b)	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pr							
	e: If "Yes" to (b), file Form 8870 and Form 4							

Part	Information Regarding 1 is a controlling organization			ntities. Comp	lete only if the or		
106	Did the reporting organization ma the Code? If "Yes," complete the				on 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descri	C) ption of nsfer	(D) Amount of		er
а							
b							
С							
	Totals						
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"				section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(( Descri	C) ption of nsfer	(D) Amount of		er
а							
b							
С							
	Totals						
108	Did the organization have a binding rents, royalties, and annuities des	-	•	2007, covering	g the interest,	Yes	No
Pleas Sign Here	Under penalties of perjury, I declare that I and belief, it is true, correct, and complete Signature of officer	have examined this return, include Declaration of preparer (other	ding accompanying sc	on all information	of which preparer has a		
Paid	Preparer's signature		Date	Check if self- employed ▶ □	Preparer's SSN or PTIN (	See Gen.	Inst. X)
Prepare Use Or	i Firm's name for vours k			EIN Phone n	<b>▶</b> 0. <b>▶</b> ( )		

# **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ OMB No 1545-0047

Employer identification number

WOODS HOLE RESEARCH CENTER INC			04 ; 3	3005094
Compensation of the Five High (See page 2 of the instructions. I				and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Daniel Nepstad 60 Gardiner Road, Woods Hole, MA 02543, US	Senior Scientist 40	152,475	25,434	0
Eric Davidson				
68 Pattee Road, East Falmouth, MA 02536, US	Senior Scientist 40	129,800	18,641	0
Scott Goetz				
83 Lakeshore Drive, East Falmouth, MA 02536	Associate Scientist 40	124,400	18,089	O
Camille Romano 149 Woods Hole Road, Falmouth, MA 02540-16	Controller 40	100.463	22,349	
Josef Keilndorfer				
152 Two Ponds Road, Falmouth, MA 02540, US	Associate Scientist 40	97,350	19,777	O
Total number of other employees paid over \$50,000 .	30	31,533	1	
Part II-A Compensation of the Five High (See page 2 of the instructions. Lis				
(a) Name and address of each independent contractor	r paid more than \$50,000	(b) Type	of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services	0			
Part II-B Compensation of the Five Higher (List each contractor who perform firms. If there are none, enter "No	ned services other than p	professional serv	Other Services rices, whether inc	dividuals or
(a) Name and address of each independent contractor	<del></del>	·	of service	(c) Compensation
None	, , , , , , , , , , , , , , , , , , , ,	(-, ,)-		
	:			
Total number of other contractors receiving over \$50,000 for other services	0			

Par	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$		~
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
а	Sale, exchange, or leasing of property?		~
b	Lending of money or other extension of credit?		~
С	Furnishing of goods, services, or facilities?		~
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		~
e	Transfer of any part of its income or assets?		~
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		,
b	Did the organization have a section 403(b) annuity plan for its employees?	v	
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement 3c		,
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . 3d		~
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		v
b	Did the organization make any taxable distributions under section 4966?		•
С	Did the organization make a distribution to a donor, donor advisor, or related person?	<u> </u>	•
d	Enter the total number of donor advised funds owned at the end of the tax year	_	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

Pai	τl\	Reason for Non-Private	Foundation S	Status (See pages 4	through 7 of	f the instruct	ions.)	
cer	tify t	that the organization is not a private	te foundation bec	ause it is: (Please check	only ONE app	olicable box.)		
5		A church, convention of churches	, or association of	of churches. Section 170	(b)(1)(A)(i).			
6	☐ A school Section 170(b)(1)(A)(ii). (Also complete Part V)							
7		A hospital or a cooperative hospit	tal service organiz	zation. Section 170(b)(1)(	A)(ıii)			
8		A federal, state, or local government	ent or governmer	ital unit. Section 170(b)(1	I)(A)(v).			
9	A medical research organization operated in conjunction with a hospital. 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. Section 170(b)(1)(A) (Also complete the <b>Support Schedule</b> in Part IV-A.)							t. Section 170(b)(1)(A)(ıv).	
1a		An organization that normally rece 170(b)(1)(A)(vi) (Also complete the			ı governmental	unit or from the	e general public. Section	
1 <b>b</b>		A community trust. Section 170(b	)(1)(A)(vi). (Also co	omplete the Support Sc	<b>hedule</b> ın Part	IV-A.)		
2		An organization that normally receifrom activities related to its charita from gross investment income ar organization after June 30, 1975.	able, etc., function and unrelated busin	ns—subject to certain ex ness taxable income (les	ceptions, and ss section 511	(2) no more the tax) from bus	an 331/3% of its support inesses acquired by the	
13		An organization that is not control requirements of section 509(a)(3).		•		• ,	nd otherwise meets the	
		☐ Type II ☐ Type II	_	III-Functionally Integrate		Type III-Othe	r	
		Provide the following info	mation about th	e supported organizat	ions. (See pag	e 7 of the insti	ructions.)	
Na	ıme(	(a) s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organiz	d) upported on listed in upporting zation's documents?	(e) Amount of support	
					Yes	No		
ota	1.		<u> </u>	<u> </u>	<u>.</u>	▶	0	
4	П	An organization organized and or	perated to test for	nublic safety. Section 5	(N)(a)(A) (See	nage 7 of the i	netructione \	

Schedule A (Form 990 or 990-EZ) 2007 Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2005 (c) 2004 (d) 2003 (e) Total Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.). 4,309,720 7,175,437 8,005,075 5,589,641 25,079,873 Stmt 14

	Membership rees received	ויט	U	U	1	υį	v
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	0	0	0		0	0
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired						
	by the organization after June 30, 1975 .	321,891	216,824	120,822	106,9	19	766,456
19	Net income from unrelated business activities not included in line 18	0	0	0		0	0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	0	0	0		0	0
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0	0	0		0	0
22	Other income. Attach a schedule. Do not						
	include gain or (loss) from sale of capital assets	14,560	4,429	1,300	10,0	23	30,312 S
23	Total of lines 15 through 22	7,511,888	8,226,328	5,711,763	4,426,6	62	25,876,641
24	Line 23 minus line 17	7,511,888	8,226,328	5,711,763	4,426,6	62	25,876,641
25	Enter 1% of line 23	75,119	82,263	57,118	44,2	67	
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e), line 24	▶ 2	6a	517,533
_	Prepare a list for your records to show the nan governmental unit or publicly supported organizamount shown in line 26a. <b>Do not file this list wi</b> Total support for section 509(a)(1) test: Enter line Add: Amounts from column (e) for lines: 18	zation) whose tota i <mark>th your return.</mark> Er ne 24, column (e)	al gifts for 2003 th inter the total of all	rough 2006 exce these excess am	eded the counts > 2	6b 6c	5,022,591 25,876,641
d	Add. Amounts from column (e) for lines.	30,312	26b <b>5,022</b> ,5	<u></u>	_ 2	6d	5,819,359
е	Public support (line 26c minus line 26d total)			<del></del>	–	6e	20,057,282
f	Public support percentage (line 26e (numera					26f	78 %
27 b	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the (2006)	the name of, and e sum of such and of such and of such and of such and of such per year, that was more	total amounts recondents for each yourts for each your (2004)son (other than "dre than the larger	erived in each year:  lisqualified persons of (1) the amount	ar from, each " . (2003) s"), prepare a l on line 25 for ti	'disqu	your records to ar or (2) \$5,000.
	(Include in the list organizations described in lines the difference between the amount received and amounts) for each year:  (2006)	the larger amount	described in (1)	or (2), enter the s	um of these di	ıfferen	ces (the excess
С	the difference between the amount received and amounts) for each year: (2006)	the larger amount	(2004)	or <b>(2),</b> enter the si	um of these di . (2003) ▶ 2	rfferen	ces (the excess
c	the difference between the amount received and amounts) for each year: (2006)	and line 27b tota	16	or <b>(2),</b> enter the si	> 2 > 2	7c	ces (the excess
_	the difference between the amount received and amounts) for each year: (2006)	and line 27b tota	16	or <b>(2),</b> enter the si	> 2 > 2	rfferen	ces (the excess
_	the difference between the amount received and amounts) for each year: (2006)	and line 27b tota	16	or (2), enter the si	> 2 > 2 > 2	7c 7d	ces (the excess
_	the difference between the amount received and amounts) for each year: (2006)	and line 27b tota tal)	16	or (2), enter the si	> 2 > 2 > 2 > 2	7c	ces (the excess

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		:
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	320		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			Ì
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	1	
		34b		1
b	Has the organization's right to such aid ever been revoked or suspended?	340		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Page	6

Par	t VI-A Lobbying Expenditures by El (To be completed ONLY by ar	ecting Public n eligible organ	Charities (See ization that file	page 10 d Form 5	of the i 768)	nstructi	ons.	)
Chec	k ▶ a ☐ if the organization belongs to an affilia					limited co	ntrol"	provisions apply.
	Limits on Lobbyi	•			,	(a) Affiliated gro totals	oup	(b) To be completed for all electing organizations
	(**************************************		·	<del> </del>	36			organizations
36 27	Total lobbying expenditures to influence public Total lobbying expenditures to influence a legis				37			
37 38	Total lobbying expenditures to influence a legis	= -	- <del>-</del> -		38			
39	Other exempt purpose expenditures	•			39			
40	Total exempt purpose expenditures (add lines				40	-		
41	Lobbying nontaxable amount. Enter the amour	•						
	, ,	obbying nontaxa	~	•				
	Not over \$500,000 20%							
	Over \$500,000 but not over \$1,000,000 . \$100,	000 plus 15% of t	he excess over \$5	00,000				
	Over \$1,000,000 but not over \$1,500,000 . \$175,	000 plus 10% of th	e excess over \$1,0	000,000	41			
	Over \$1,500,000 but not over \$17,000,000. \$225,	000 plus 5% of the	e excess over \$1,5	00,000				
	Over \$17,000,000 \$1,00	0,000		)				
42	Grassroots nontaxable amount (enter 25% of I				42			
43	Subtract line 42 from line 36. Enter -0- if line 4				43			
44	Subtract line 41 from line 38. Enter -0- if line 4	11 is more than lir	ne 38		44			<u> </u>
	Caution: If there is an amount on either line 43	3 or line 44, you i	nust file Form 47	20.				
	4-Year Av (Some organizations that made a section See the instructions f	or lines 45 throug	do not have to d	complete all 3 of the inst	of the fi ructions.	)		
			1	1				·
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2006	( <b>c</b> ) 2005		(d) 2004		(e) Total
45	Lobbying nontaxable amount							
46	Lobbying ceiling amount (150% of line 45(e))							
47	Total lobbying expenditures							
48	Grassroots nontaxable amount							
49	Grassroots ceiling amount (150% of line 48(e))							
50	Grassroots lobbying expenditures							
	Lobbying Activity by Nonelec (For reporting only by organiza			Part VI-A)	(See pa	age 13 (	of th	e instructions.)
	ng the year, did the organization attempt to influence public opinion on a legislative r				ding any	Yes	No	Amount
a	Volunteers		iam, anough the	400 011			~	
h	Paid staff or management (Include compensat		enorted on lines	c through h	 :)		~	1
c	· · · · · · · · · · · · · · · · · · ·		·	o amought i			~	
d	Mailings to members, legislators, or the public						~	
e	Publications, or published or broadcast statem					. []	~	
f	Grants to other organizations for lobbying purp					.  ]	~	
g	Direct contact with legislators, their staffs, gov					.	1	
h	Railies, demonstrations, seminars, conventions	•	ires, or any other	means .		.		ļ
i	Total lobbying expenditures (Add lines c throu If "Yes" to any of the above, also attach a sta		etailed description	on of the lot	 obying ac	. L ctivities.		0

Par	t VII			ransfers To and Transa e page 13 of the instructio		tionships With	Nonc	harit	able
51		the reporting orga	nization directly or	indirectly engage in any of the	following with any o	<del>-</del>		d in se	ection
		•		1(c)(3) organizations) or in secti	= :	olitical organization	s?	Yes	No
а		•	orting organization	to a noncharitable exempt orga	anization of:		54 - (3)	res	V
		_					51a(i)	-	~
	٠.	Other assets .					a(ii)		_
b		er transactions:					h/a		~
	• • •	•		noncharitable exempt organiza			b(i)		~
				table exempt organization			p(ii)		-
				er assets			b(iii)		~
				· · · · · · · · · · · · · · · · · · ·			b(iv)		~
							b(v) b(vi)		~
				ship or fundraising solicitations			C		-
C		•		sts, other assets, or paid emplo	•			<u> </u>	
d	goo	ds, other assets, o	r services given by	complete the following schedule the reporting organization. If t column (d) the value of the good	the organization recen	ved less than fair	market v	value /alue i	or the n any
(a	3)	(b) Amount involved	Name of page	(c) hantable exempt organization	Decorption of transfe	(d) ers, transactions, and s	hanna am	angome	nte
	TRU	Altiount involved	Name of Hono	namable exempt organization	Description of transfer	as, transactions, and s		angeme	
				· · · · · · · · · · · · · · · · · · ·					
		<del></del>							
				<del> </del>	<del> </del>				
								_	
					<u> </u>		·		
						•••			
	des	cribed in section 5 es," complete the	•				☐ Yes	· •	No
		(a) Name of organia	zation	(b) Type of organization	De	(c) escription of relationshi	р		
					-	· · · · · · · · · · · · · · · · · · ·			
	-								
					<del> </del>				
								<del></del>	
				l			_		

Form. 990 Page: 1 Part<sup>1</sup> Question: 8

# WOODS HOLE RESEARCH CENTER INC 04-3005094

# Sales of Assets Other than Inventory

# **Publicly Traded Securities**

Description: Sold To:

Net Sale:

Sales Price: Expense of Sale:

Expense of Sale:
Cost or value when acquired:
Depreciation since acquistion:

\$856,029 00

\$0 00 \$878,250.00

\$0.00 -**\$22,221.00**  Date Sold:

Date acquired: How acquired:

Form 990

Page 1

Part. I

Question. 20

WOODS HOLE RESEARCH CENTER INC 04-3005094

#### Other changes in Net Assets or Fund Balances

Explanation	Amount
unrealized gains and losses on investments valued at market	-\$664,252.00
Total:	-\$664,252.00

Form 990 Page 2 Part: II Question 22b

#### WOODS HOLE RESEARCH CENTER INC 04-3005094

#### **Grants and Allocations**

Classification data analysis and land use

**Boston University** 

Date:

Type:

Cash

Address: One Sherborn Street

**Grant Amt** 

\$37,361 00

Boston, MA 02215

**United States** 

Purp of payment to affiliate

Relationship:

none

**Description of Property:** 

**How Determined** 

**Book Value of Property:** 

**FMV** of Property:

Dartmouth College

Date:

Type:

Cash

Classification science/modeling/policy

Address: 11 Rope Ferry Road

**Grant Amt** 

\$18,983 00

Hanover, NH 03755

**United States** 

Purp of payment to affiliate

Relationship:

none

**Description of Property:** 

**How Determined** 

**Book Value of Property:** FMV of Property:

Classification climate policy

Renmin University of China

Date:

Type:

Cash

**Grant Amt** 

\$20,000.00

Address: No 59 Zhongguancun St

Beijing

China

Purp of payment to affiliate

Relationship:

none

**Description of Property:** 

**How Determined** 

**Book Value of Property:** 

FMV of Property:

Date:

Type:

**Grant Amt** 

Cash

Classification scientific research

\$47,197.00

FINATEC

Address: Universidada de Brasılıa

Ave L3 Norte

Brasilia, DF 70919-970

Brazil

Purp of payment to affiliate

Relationship:

none

**Description of Property:** 

#### **How Determined**

Book Value FMV of Pro	of Property: perty:			
Classification	n climate policy		Harvard Uni	versity
Date:				
Type:	Cash		Address:	1350 Massachusetts Ave
Grant Amt	\$54,889 00			Cambridge, MA 02138 United States
Relationshi	ment to affiliate p: of Property:	none		
			How Determine	ed
Book Value FMV of Pro	of Property: perty:			
Classification	n land use change	model	Shippensbu	rg University
Date:				
Type:	Cash		Address:	1871 Old Main Drive
Grant Amt	\$29,332.00			Shippensburg, PA 17257 United States
Relationshi	ment to affiliate p: of Property:	none		
			How Determine	ed .
Book Value FMV of Pro	of Property: perty:			
Classification	n satellite data ana	lysis	Spatial OPS	
Date:				
Type:	Cash		Address:	480 Oak Ave
Grant Amt	\$1,072.00	•		Half Moon Bay, CA 94019 United States
Relationshi	ment to affiliate p: of Property:	none		
-			How Determin	ed
Book Value FMV of Pro	of Property: perty:			
Classification	n climate policy		India Institut	e of Tech Bombay
Date:				
Type:	Cash		Address:	Powai Mumbai Maharashtra
Grant Amt	\$120,000.00			1716 161 G 33 1 U G
				India
Relationshi	ment to affiliate p: n of Property:	none		
			How Determine	ed .
Book Value	of Property:		. = 2.22.3	

FMV of Property:

Classification Soil data analysis

**UGA Research Foundation** 

Date:

Type:

Cash

**Grant Amt** \$20,757.00

Address: Contracts and Grant Department

609 Boyd GSRC

Athens, GA 30602 United States

Purp of payment to affiliate

Relationship:

none

**Description of Property:** 

**How Determined** 

**Book Value of Property:** 

FMV of Property:

Classification climate policy

IET China Academy of Science

Date:

Type:

**Grant Amt** 

Cash

Address: 11 Beishuan West Rd

\$20,000 00

Beijing China

Purp of payment to affiliate

Relationship:

none

**Description of Property:** 

**How Determined** 

**Book Value of Property:** FMV of Property:

Classification scientific research

Virginia Polytechnic Institute

Date:

Type:

Cash

Address: 460 Turner Street

**Grant Amt** \$22,642 00

Blacksburg, VA 24060

**United States** 

Purp of payment to affiliate

Relationship:

none

**Description of Property:** 

**How Determined** 

**Book Value of Property:** 

FMV of Property:

Classification dimate policy

Beijing Catarc Automotive Tech

Date:

Type:

**Grant Amt** 

Cash

\$34,000.00

Address: No 188 Western Road

Beijing

China

Purp of payment to affiliate

Relationship:

none

**Description of Property:** 

**How Determined** 

**Book Value of Property:** 

FMV of Property:

Classification scientific field studies

**IPAM** 

Date:

Type:

Cash

Address: Av Nazare 669

**Grant Amt** \$843,484.00

Belem, Para 66035-170

Brazil

Purp of payment to affiliate

Relationship:

none

**Description of Property:** 

**How Determined** 

**Book Value of Property:** 

FMV of Property:

Classification land use change model

University of Maryland

Date:

Type:

Cash

Address: 3112 Lee Building

**Grant Amt** \$95,201.00

College Park, MD 20742

United States

Purp of payment to affiliate

Relationship:

none

**Description of Property:** 

**How Determined** 

**Book Value of Property: FMV** of Property:

Classification scientific research

Yale University

Date:

Type:

Cash

Address: 155 Whitney Ave

**Grant Amt** 

\$15,232.00

New Haven, CT 06520

**United States** 

Purp of payment to affiliate

Relationship:

none

**Description of Property:** 

**How Determined** 

**Book Value of Property:** FMV of Property:

Classification scientific research

Camegie Institute

Date:

Type:

Cash

Address: 260 Panama Ave

**Grant Amt** 

\$8,314 00

Stanford, CA 94305

**United States** 

Purp of payment to affiliate

Relationship:

none

**Description of Property:** 

**How Determined** 

**Book Value of Property:** 

FMV of Property:

Classification adaptations of climate models

Aliance da Terra

Date:

Type:

Cash

Address: Av das Industrias N 601

**Grant Amt** 

\$216,641 00

Goiania, GO 74670-600

Brazil

Purp of payment to affiliate

Relationship	
Description (	

none

**Description of Property:** 

**How Determined** 

Book Value of Property: FMV of Property:

**Total Grants:** 

\$1,605,105.00

Form 990

Page 2

Part: II

Question 42

WOODS HOLE RESEARCH CENTER INC 04-3005094

# **Depreciation and Depletion**

Asset	Current Deprec.
Fixed assets	\$577,834.00
Total	\$577,834.00

Form 990

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#### Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundrasing
other professional fees	\$302,552.00	\$183,979.00	\$61,839.00	\$56,734.00
research equipment	\$70,478 00	\$70,478.00	\$0.00	\$0.00
education,advertising,contributions	\$25,556.00	\$18,178 00	\$6,873.00	\$505 00
insurance	\$14,037.00	\$0.00	\$14,037 00	\$0 00
moving expense	\$12,162.00	\$0 00	\$12,162.00	\$0.00
Total:	\$424,785.00	\$272,635.00	\$94,911.00	\$57,239.00

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Part: III
Question.

# WOODS HOLE RESEARCH CENTER INC 04-3005094

# **Program Services**

Achievement	Pgm. Svc. Exp
Science & Technology Research, Genera/Other: Tropical Forests - With on-the-ground initiatives in Amazon and Central Africa, staff in this program are collaboratively developing scientific and policy initiatives that promote comprehensive conservation planning and natural resource management systems. (881498 not applicable)  Grants and Allocations: \$975,717.00 This amount includes foreign grants: Yes	\$2,351,860.00
Science & Technology Research, Genera/Other: Other (0 not applicable)	\$763,695 00
Grants and Allocations: \$35,418.00 This amount includes foreign grants: No	
Science & Technology Research, Genera/Other: Soils Program - Encompassing forests in North America, South America, and Russia, staff in this program study the exchange of carbon and nitrogen among soils, the atmosphere, and streams, and how human management of land affects these transfers (57197 not applicable)	<b>\$465,060.00</b>
Grants and Allocations: \$87,340.00 This amount includes foreign grants: Yes	
	\$485,718.00
Grants and Allocations: \$87,340.00 This amount includes foreign grants: Yes  Science & Technology Research, Genera/Other: Remote Sensing Applications - Through the use of satellite imagery, scientists in this program analyze data to inform management decisions and vulnerability assessments of forest resource lands in a changing environment, including disturbance from fire and urbanization (0 not applicable)	\$485,718.00 \$1,353,051 00

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# Schedule of Investment Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value	
Real estate trust	\$212,651 00	\$0.00	\$212,651 00	
Total:	\$212,651.00	\$0.00	\$212,651.00	

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# Other Investments

Investment	Valuation Type	Amount \$42,133.00	
Bond proceeds - trust	Cost		
Total:		\$42,133.00	

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# Schedule of Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value
Furniture and equipment	\$1,016,302 00	\$829,754.00	\$186,548 00
Buildings and improvements	\$8,870,892 00	\$2,617,590.00	\$6,253,302.00
Land	\$486,288.00	\$0.00	\$486,288.00
Total:	\$10,373,482.00	\$3,447,344.00	\$6,926,138.00

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# WOODS HOLE RESEARCH CENTER INC 04-3005094

#### **Other Assets**

Asset Description	BOY Amount	EOY Amount
secunty deposits		

Total:

MOT USED

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#### WOODS HOLE RESEARCH CENTER INC 04-3005094

#### **Tax Exempt Bond Liabilities**

Purpose: Issue Date:

contruction 06/29/2002 \$2,795,000 00

**Original Amount:** 

\$2,015,202 00

Amount of issue outstanding: **Unexpended Proceeds:** 

\$0.00

Facility used by 3rd Party:

No

Percent used by 3rd Party:

Obligation is a Mortgage:

No

**Maturity Date:** Repayment Terms:

Interest Rate: Security Provided by Borrower:

**Contingent Liability:** 

No

If 'Yes', this record will not be included in the total

returned to the Form 990

**Total Due:** 

\$2,015,202.00

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WOODS HOLE RESEARCH CENTER INC 04-3005094

#### **Other Liabilities**

Liability Description	BOY Amount	EOY Amount
Charitable gift annuity	\$86,803 00	\$85,935.00
Total:	\$86,803.00	\$85,935.00

# WOODS HOLE RESEARCH CENTER INC 04-3005094

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Country United States

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Question:

# Officers, Directors, Trustees, and Key Employees

Name and Address		Ave. Hrs/week	Comp.	Benefits	Expenses
Amy Regan	I	0	\$0.00	\$0.00	\$0 00
Title: Addr 1. Addr 2	Board Member 149 Woods Hole Roadd				
CSZ Country:	Falmouth, MA 02540 United States				
George M V	Voodwell	40	\$108,150 00	\$23,151 00	\$0.00
Title. Addr 1 Addr 2 <sup>.</sup>	Director Emeritus 149 Woods Hole Road				
CSZ: Country	Falmouth, MA 02540 United States				
Gordon Rus	ssell	0	\$0 00	\$0.00	\$0 00
Title Addr 1. Addr 2 <sup>-</sup>	Board Member 149 Woods Hole Road				
CSZ: Country	Falmouth, MA 02540 United States				
Helen Spau	alding	0	\$0 00	\$0.00	\$0 00
Title. Addr 1 Addr 2:	Board Member 149 Woods Hole Road				
CSZ Country	Falmouth, MA 02540 United States				
Ins Fanger		0	\$0 00	\$0 00	\$0.00
Title: Addr 1 <sup>-</sup> Addr 2:	Board Member 149 Woods Hole Road				
CSZ <sup>-</sup> Country.	Falmouth, MA 02540 United States				
Joan Diamo	ond	40	\$53,740 00	\$7,226.00	\$0.00
Title: Addr 1: Addr 2:	Director of Admin Fay Road				
CSZ:	Woods Hole, MA 02543				

Name and	Address	Ave. Hrs/week	Comp.	Benefits	Expenses
Joel Hom		0	\$0 00	\$0 00	\$0 00
Title Addr 1: Addr 2:	Board Member 149 Woods Hole Road				
CSZ Country:	Falmouth, MA 02540 United States				
John H Ada	ms	0	\$0.00	\$0 00	\$0.00
Title. Addr 1. Addr 2: CSZ: Country	Board Member 149 Woods Hole Road Falmouth, MA 02540 United States				
John P Holo	Iren	30	\$263,667 00	\$26,529.00	\$0.00
Title Addr 1: Addr 2 CSZ Country:	Director and President 149 Woods Hole Rd Falmouth, MA 02540 United States			·	
Joseph R R	obinson	0	\$0.00	\$0.00	\$0.00
Title <sup>-</sup> Addr 1 Addr 2. CSZ <sup>-</sup> Country	Treasurer 149 Woods Hole Road Falmouth, MA 02540 United States				
Joshua R G	oldberg	0	\$0.00	\$0 00	\$0.00
Title Addr 1. Addr 2: CSZ. Country:	Board Member 149 Woods Hole Road Falmouth, MA 02540-1644 United States				
Lawrence S	Huntington	0	\$0.00	\$0.00	\$0.00
Title Addr 1 Addr 2	Chairman 149 Woods Hole Road				
CSZ Country	Falmouth, MA 02540 United States				
Lily Rice Hs	ia	0	\$0.00	\$0.00	\$0.00
Title: Addr 1. Addr 2:	Board Member 149 Woods Hole Road				
CSZ:	Falmouth, MA 02540				

Name and Address		Ave. Hrs/week	Comp.	Benefits	Expenses
Country.	United States				
Mary Lou M	fontgomery	0	\$0.00	\$0 00	\$0.00
Title:	Board Member				
Addr 1. Addr 2:	149 Woods Hole Road				
CSZ.	Falmouth, MA 02540				
Country:	^				
Merloyd Lu	dington	0	\$0.00	\$0.00	\$0.00
Title.	Board Member				
Addr 1 Addr 2:	149 Woods Hole Road				
CSZ:	Falmouth, MA 02540				
Country:	United States				
Neal Brow	n	0	\$0.00	\$0.00	\$0 00
Title:	Counsel				
Addr 1: Addr 2 <sup>-</sup>	747 Third Ave				
CSZ:	New York, NY 10017				
Country:	United States				
Richard Ho	ughton	40	\$156,000.00	\$26,832.00	\$0.00
Title	Deputy Director				
Addr 1 Addr 2 <sup>.</sup>	149 Woods Hole Road				
CSZ.	Falmouth, MA 02540-1644				
Country <sup>-</sup>	United States				
Robert M B	Barry	40	\$166,400 00	\$22,022.00	\$0.00
Title:	Director of Finance				
Addr 1 Addr 2:	35 Shaume Road				
CSZ:	North Falmouth, MA 02563				
Country.					
Steve Curv	vood	0	\$0.00	\$0.00	\$0 00
Title	Board Member				
Addr 1 Addr 2	149 Woods Hole Road				
CSZ:	Falmouth, MA 02540				
Country	United States				
Tedd Saun	ders	0	\$0 00	\$0 00	\$0 00
Title:	Board Member				
Addr 1:	149 Woods Hole Road				

Addr 2:

Name and	Address	Ave. Hrs/week	Comp.	Benefits	Expenses
CSZ: Country:	Falmouth, MA 02540 United States				
Thomas Lov	vejoy	0	\$0 00	\$0.00	\$0 00
Title	Board Member				
Addr 1 <sup>.</sup> Addr 2	149 Woods Hole Road				
CSZ: Country	Falmouth, MA 02540 United States				
Victoria Lov	well	0	\$0.00	\$0.00	\$0 00
Title:	Board Member				
Addr 1: Addr 2:	149 Woods Hole Road				
CSZ: Country	Falmouth, MA 02540 United States				
Wilhelm Me	nak	0	\$0.00	\$0 00	<b>\$0</b> 00
AAIII IEII II IAIE		U	\$0.00	\$0.00	\$0.00
Title Addr 1	Board Member 149 Woods Hole Road				
Addr 2. CSZ: Country	Falmouth, MA 02540-1644 United States				
Constance	Roosevelt	1	\$0.00	\$0.00	\$0.00
Title: Addr 1	Board Member 149 Woods Hole Road				
Addr 2:	<b>-</b>				
CSZ: Country.	Falmouth, MA 02540-1644 United States				
David Hawl	uns	1	\$0 00	\$0.00	\$0.00
Tido.	Deced March or				
Title: Addr 1 <sup>.</sup> Addr 2.	Board Member 149 Woods Hole Road				
CSZ <sup>-</sup> Country.	Falmouth, MA 02540-1644 United States				
Casey Lam	bert	1	\$0 00	\$0.00	\$0.00
Talle -	Donal March on				
Title: Addr 1: Addr 2	Board Member 149 Woods Hole Road				
CSZ: Country.	Falmouth, MA 02540-1644 United States				
Frank Caro		40	¢115 007 00	<b>¢</b> 2 600 00	<b>\$0</b> 00
		40	\$115,097.00	\$3,600 00	<b>Đ</b> Ư ƯƯ
Title	Director of Institutional Development				

Addr 1 149 Woods Hole Road

Name and Address Ave. Hrs/week Comp. Benefits Expenses

Addr 2\*
CSZ: Falmouth, MA 02540-1644
Country: United States

TOTALS \$863,054.00 \$109,360.00 \$0.00

Form. Schedule A

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WOODS HOLE RESEARCH CENTER INC 04-3005094

#### Other Income

Description	2006	2005	2004	2003
other income	\$14,560.00	\$4,429 00	\$1,300 00	\$10,023.00
Total:	\$14,560.00	\$4,429.00	\$1,300.00	\$10,023.00