Department of the Treasury Internal Revenue Service

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

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or

private foundation) or section 4947(a)(1) nonexempt charitable trust Note: The organization may have to use a copy of this return to satisfy state reporting requirements.

This Form is Open to Public Inspection

OMB No. 1545-0047

		998 calendar year, OR tax year period beginning	, 1998, and ending		, 19
	Check if: —Change	Please C Name of organization		D Employer	identification number
<u></u>	of address	use IRS		,, ,	105050
_	Initial	print or Woods Hole Oceanographic Institut		-	105850
늗	return Final	Number and street (or P.O. box if mail is not delivered to street address specific 569 Woods Hole Road, MS 14	Room/suite	E Telephone	
늗	⊒retum ∏Amend∈	ed Instruc-		<del> </del>	3) 457–2000
_	iretum (required a for state	woods Hole, MA 02543		F Check ►	if exemption application is pending
G 1	ADDACTION:	organization → X Exempt under 501(c) ( 3 ) ✓ (insert number) OR ►	section 4947/a\/1\ nonever	nnt charitable	truet
		tion 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable			
H(a	ls this		I If either box in H is checked		
		enter the number of affiliates for which this	exemption number (GEN)		ւցու-ային մեծնի
•			J Accounting method:		X Accrual
_(c		separate return filed by an organization covered by a group ruling?	Other (specify)	_ 00011	Noordal
		if the organization's gross receipts are normally not more than \$25,000.		a return with t	he IRS: but
		ed a Form 990 Package in the mail, it should file a return without financial data. Som			
		990-EZ may be used by organizations with gross receipts less than \$100,000 and tot			
		Revenue, Expenses, and Changes in Net Assets or Fund		_	
	1	Contributions, gifts, grants, and similar amounts received:			
		Direct public support	1a   8,405,9	30.	
	b	Indirect public support	16		
	3	Government contributions (grants)			
	d	9 405 930	Stmt	P00000000	0 405 000
	_	(cash \$8, 405, 930. noncash \$	)	1d	8,405,930.
i	2 3	Program service revenue including government fees and contracts (from Part VII, li			80,042,242.
	4	Membership dues and assessments	******************************	3	697,576.
	5	Interest on savings and temporary cash investments  Dividends and interest from securities	*****************************	4	1,844,182.
	6 a	Dividends and interest from securities  Gross rents  Disect Statement 3	774.8	80	1,044,102.
	Ь	Gross rents RECEVED  Less: rental expenses	6h	<del>00.</del>	
		Not reptal income or (local) (authorst line 66 from the 60)	1 00 1	- 6c	774,880.
J. G.	7	Other investment income (describe AIIC 1 0 1000 3	************************	) 7	7727000
Revenue	8 a	Other investment income (describe) AUG 1 (1990 3)  Gross amount from sale of assets other (A) Securities	(B) Other		-
<b>"</b>		than inventory 292, 978, 258.			
	b	than inventory  Less: cost or other basis and sales expenses DE 1,259,089,985.	8b		
	C	Gain or (loss) (attach schedule) 33,888,273.			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) See Stmt 1	Stmt 4 Stmt 5	8d	33,888,273.
	9	Special events and activities (attach schedule):			
	a	Gross revenue (not including \$ of contributions	1 1		
		reported on line 1a)	9a		
		Less: direct expenses other than fundraising expenses			
	10 2	Net income or (loss) from special events (subtract line 9b from line 9a)	l I	9c	
	IV a	Gross sales of inventory, less returns and allowances	10a		•
		Less: cost of goods sold Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b fro	10b	100	
	11	Other revenue (from Part VII, line 103)			752,946.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	*******************************	12	126,406,029.
	13	Program services (from line 44, column (B))			82,325,294.
Expenses	14	Management and general (from line 44, column (C))	***************************************	14	3,885,823.
)en	15	Fundraising (from line 44, column (D))	***************************************	15	1,323,298.
Ä	16	Payments to affiliates (attach schedule)		16	
	17	Total expenses (add lines 16 and 44, column (A))		17	87,534,415.
Ø	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	38,871,614.
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	215,086,890.
As-	20	Other changes in net assets or fund balances (attach explanation)	***************************************	20	0.
	21	Net assets or fund halances at end of year (combine lines 18, 10, and 20)		انما	252 050 504

LHA For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

WHOI990

Form 990 (1998)

052 Woods Hole Oceanographic Insti WHOI9901

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			itions must complete colum ations and section 4947(a)(		a (v) are required for sections. Ists but optional for others	n 501(c)(3) and
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	cash \$3338389 • noncash \$	22	3,338,389.	3,338,389.	Statement 7	
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	709,087.			
26		26	<u>35,672,737.</u>	23,287,536.	11,889,276.	495,925.
27		27				
28	1 /	28		3,911,232.		
29		29		1,766,937.	889,974.	
30	~ · · · · · · · · · · · · · · · · · · ·	30	32,323.			32,323.
31		31	188,960.		188,960.	
32	•	32	124,012.		107,925.	
33		33	13,959,731.			· · · · · · · · · · · · · · · · · · ·
34	•	34	444,846.			
35		35	980,890.		T	
36	* * * * * * * * * * * * * * * * * * * *	36	2,305,308.			
37	-1-1	37	2,389,965.			
38	• • • • • • • • • • • • • • • • • • • •	38	356,471.			
39		39	3,670,921.	3,031,433.	602,702.	36,786.
40		40				
41	***************************************	41	2,935,236.	120 665	2 702 202	2 170
42	,	42	2,333,230.	138,665.	2,793,393.	3,178.
43		40-				
1	a	43a				
	J	43b 43c				
	d	43d		·		
	See Statement 6	43e	11.921.325.	32.566.669	<21,134,728.	> 489,384.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15		-		3,885,823.	
	parting of Joint Costs Did you report in column (B)					1,323,298.
	ndraising solicitation?					Yes X No
	Yes," enter (i) the aggregate amount of these joint cos					
tiii	) the amount allocated to Management and general \$	ω ψ		(iv) the amount allocated to		1
	art III Statement of Program Servi			(11) the attribute anovator to	T Brid Coloning Q	•
	nat is the organization's primary exempt purpose?					· · · · · · · · · · · · · · · · · · ·
0	ceanographic research ar	nd	education.			Program Service
All	organizations must describe their exempt purpose achievemen	ts in a	clear and concise manner. State	the number of clients served, p	ublications issued, etc. Discuss	Expenses (Required for 501(c)(3) and
	sievements that are not measurable. (Section 501(c)(3) and (4) or scations to others.)	ganiza	tions and 4947(a)(1) nonexempt	charitable trusts must also ente	the amount of grants and	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	See Statement 1				· · · · · · · · · · · · · · · · · · ·	
_				Grants and allocations \$	492,398.)	76,127,274.
b	See Statement 1					
			<u>,                                      </u>			
_			(	Grants and allocations \$	2,845,991.	6,198,020.
						1111
C	<u> </u>					
C						
C		•				
<u> </u>			(1	Grants and allocations \$	<u> </u>	
-			(1	Grants and allocations \$	)	
C			(1	Grants and allocations \$	)	
d					)	
			(1	Grants and allocations \$	)	
	Other program services (attach schedule)  Total of Program Service Expenses (should equal	н	(1	Grants and allocations \$ Grants and allocations \$	)	82,325,294.

### Part IV Balance Sheets

Form 990 (1998)

		required, attached schedules and amounts within the d d-of-year amounts only.	description	column should be	(A) Beginning of year		(B) End of year
					604 055		E02 200
- 1					694,855.		503,380.
	46	Savings and temporary cash investments		***************************************	39,597,797.	46	33,614,207
-	47 a	Accounts receivable		3,952,564.			
	b	Less: allowance for doubtful accounts	47b	300,365.	4,813,510.	47c	3,652,199
		Pledges receivable		4,814,062.			
	h	Less: allowance for doubtful accounts	48b		3,810,977.	48c	4,814,062
- [,	49	Grants receivable	*******	=======================================		49	
	50	Receivables from officers, directors, trustees, and key schedule)	employee	s (attach		50	
Assets		Other notes and loans receivable					
2		Less: allowance for doubtful accounts				51 c	
-	52	Inventories for sale or use			640,617.		692,957
					172,688.		323,319
	54	Prepaid expenses and deferred charges	mt 8	Stmt 9	162,610,764.		207,478,570
- 1		Investments - land, buildings, and		***************************************			
		equipment: basis	55a				
	h	Less: accumulated depreciation (attach					
	_	schedule)	55b			55c	
	56	Investments - other	L			56	
- 1			57a	58,600,564.			
	h	Less: accumulated depreciation Stmt 10				57c	26,437,292
	58	Other assets (describe ► S∈	e St	atement 11)	5,534,973.		5,604,595
	59	Total assets (add lines 45 through 58) (must equal lin	e 74)		243,891,695.	59	283,120,581
_	60	Accounts payable and accrued expenses			15,143,752.		13,711,028
ŀ	61	Grants payable				61	
	62	Deferred revenue			9,435,894.		10,919,036
≝	63	Loans from officers, directors, trustees, and key emple				63	
~		Tax-exempt bond liabilities			,	64a	
<b>-</b>		Mortgages and other notes payable				64b	
	65	Other liabilities (describe ► S∈	e St	atement 12 )	4,225,159.		4,532,013
	66	Total liabilities (add lines 60 through 65)			28,804,805.	66	29,162,077
	Organ	nizations that follow SFAS 117, check here 🕨 🛣	and com	olete lines 67 through			
	-	69 and lines 73 and 74		•			
8	67	Unrestricted			80,442,123.	67	90,035,869
an	68	Temporarily restricted			105,407,323.	68	130,743,436
e	69	Permanently restricted			29,237,444.	69	33,179,199
2	Organ	nizations that do not follow SFAS 117, check here	an an	d complete lines			
로	-	70 through 74		•			
Ö	70	Capital stock, trust principal, or current funds				70	
las	71	Paid-in or capital surplus, or land, building, and equip				71	
Net Assets or Fund Balances	72	Retained earnings, endowment, accumulated income,				72	,
<u>ا</u> يو	73	Total net assets or fund balances (add lines 67 throu					
<b>5</b> 1		•	_	- ·	1 215 006 000	possesses	252 050 504
ž		column (A) must equal line 19 and column (B) must e	gual line 9	)1\	215,086,890.	73	253,958,504

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes X No

	If "Yes," complete Part IX	88   X
a	501(c)(3) organizations Enter: Amount of tax imposed during the year under:	
	section 4911 ► 0 - ; section 4912 ► 0 - ; section 4955 ► 0 -	
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	
	transaction during the year? If "Yes," attach a statement explaining each transaction	89b X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under	
	sections 4912, 4955, and 4958	0.
d	Enter: Amount of tax in 89c, above, reimbursed by the organization	0.
a	List the states with which a copy of this return is filed   Massachusetts, New York	
b	Number of employees employed in the pay period that includes March 12, 1998	90b 882
	The books are in care of ► Maureen F. Nunez, Controller Telephone no. ► (508)	457-2000
	Located at ► Woods Hole, MA ZIP +4 ► C	2543
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here	▶□
_	and enter the amount of tax-exempt interest received or accrued during the tax year <b>&gt;</b> 92	N/A
na:	41 5	
11-	្សី 709 789461 WHOI990	
•	709 789461 WHOI990 052 Woods Hole Oceanographic Insti	MHOTAAOT

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92

Part VII Analysis of Income-Prod					
Enter gross amounts unless otherwise		related business income		ded by section 512, 513, or 514	(E)
indicated.	(A) Busines	(B)	(C) Exclu-	(D)	Related or exempt
93 Program service revenue:	code	Amount	sion code	Amount	function income
(a)Research			20	73,273,351.	
(b) Education					6,340,175.
(c) Oceanus magazine					40,350.
(d)					
(e)					
(f) Medicare/Medicaid payments					
(g) Fees and contracts from government agence	ies		20	388,366.	
94 Membership dues and assessments					
95 Interest on savings and temporary					
cash investments			14	697,576.	
95 Dividends and interest from securities			14	697,576. 1,844,182.	
97 Net rental income or (loss) from real estate:					
(a) debt-financed property					
(b) not debt-financed property			16	774,880.	
98 Net rental income or (loss) from personal prope					
99 Other investment income			<u> </u>		
100 Gain or (loss) from sales of assets					
other than inventory			18	33,888,273.	
161 Net income or (loss) from special events				00/000/2:01	
102 Gross profit or (loss) from sales of inventory	1"			· · · · · · · · · · · · · · · · · · ·	
103 Other revenue:			1		
a Royalty&Licensing Fe	ees		15	541,842.	
Vending Machines		<u> </u>	03	5,791.	
Information ctr inco	ome		+**	<u> </u>	205,313.
d				· · · · · · · · · · · · · · · · · · ·	203,313.
е				<del></del>	
104 Subtotal (add columns (B), (D), and (E))		0	_	111,414,261.	6,585,838.
			• [*********	111,414,201.	118,000,099.
105 TOTAL (add line 104, columns (B), (D), and (E), Note: (Line 105 plus line 1d, Part I, should equal the	amount on line 12 P		•	······································	110,000,099.
Part VIII Relationship of Activities			nt Dur	nococ	<del> </del>
Line No. Explain how each activity for which inco exempt purposes (other than by providing the content of the c	inte is reported in Coll no funds for such nu	nini (E) di Pari VII CONTIDUR	ea import	antily to the accomplishment (	of the organization's
See Statement 16	ing rando tor baon pa	140000).			<del></del>
DOC DEACEMENT TO					
					<del></del>
	<del></del> -			·····	- <del></del>
	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
					····
		· · · · · · · · · · · · · · · · · · ·	<del></del> .		·
Part IX Information Regarding Ta	ovabla Subcidi	arios (Complete this Bort	if the MV	and have an OO in absolute \	
		artes (complete ans rate	n me re	s nox on so is checked.)	
	entage of ship interest	Nature of business activities		Total income	End-of-year
See Statement 15		<u> </u>			assets
	%				·
	%				
	%				
	%				

Under penalties of perium. I declare that I have examined this rature, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, all information of which preparer has any knowledge,

Paul Clemente

Assoc. Director for Fin. & Admin., Clerk
Type or print name and title

Doğa

#### SCHEDULE A (Form 990)

Department of the Treasury

### Organization Exempt Under Section 501(c)(3)

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

Supplementary Information

Must be completed by the above organizations and attached to their Form 990 or 990EZ.

1998

OMB No. 1545-0047

Schedule A (Form 990) 1998

Internal Revenue Service Employer identification number Name of the organization 04 2105850 Woods Hole Oceanographic Institution Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions. List each one. If there are none, enter "None.") (e) Expense account and other (d) Contributions to (b) Title and average hours employee benefit plans & deferred compensation (a) Name and address of each employee paid (c) Compensation per week devoted to allowances more than \$50,000 position Scientist Stanley R. Hart 17,454. 143,846. Full time 02540 53 Quonset Rd., Falmouth, MA As. Dir Educ John W. Farrington 18,538. 135,794. 02540 Full time 65 Braeside Rd., Falmouth, MA Sr. Scientist Joseph Pedloskey 19,020. 24 Meltiah Rd., Falmouth, MA 02540 Full time 132,633. As.Dir Marine Richard F. Pittenger 15,255. 130,421. 02559 Full time P.O. Box 477, Pocasset, MA As. Dir Comm Jacqueline M. Hollister 120,244. 14,160. P.O. Box 601, Falmouth, MA Full time 02541 Total number of other employees paid 294 over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter "None.") (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service William M. Mercer, Inc. Actuarial and 358,900. Employee Benefits 200 Clarendon St., Boston, MA 02116 Bi-Tech Software, Inc. Systems Developement & Co 183,913. 890 Fortress St., Chico, CA 95973 Wellington Management Company, LLP Investment 182,862. Managers 07188-0694 P.O. Box 13694, Newark, NJ PriceWaterhouseCoopers, LLP Accounting 174,412. Services P.O. Box 3026, Boston, MA 02241-3026 Noah Greenberg Associates Architectural 127,087. Services 02540 22 Beebe Acres, Falmouth, MA Total number of others receiving over 10 \$50,000 for professional services

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Woods Hole Oceanographic Insti WHOI9901 052

Schedule A (Form 990) 1998 Support Schedule (Complete only if you checked a box on line 10, 11, or 12 above.) 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 . (e) Total (d) 1994 (c) 1995 (b) 1996 (a) 1997 beginning in) Gifts, grants, and contributions received. 15 67,904,634.70,613,657.73,384,720.71,427,477.283,330,488. (Do not include unusual grants. See line 28.) ..... Membership fees received 16 Gross receipts from admissions. 17 merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's 121572192.608,854,946. 164792682. 129977693. 192512379. charitable, etc., purpose 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 2,541,908. 10,144,973. 2,497,639 2,122,816. 2,982,610. organization after June 30, 1975 Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's 20 benefit and either paid to it or expended The value of services or facilities 21 furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to 556,814. 1,905,180. 556,814. 395,776. 395,776 the public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of capital 263795399. 238299754. 206042043. 196098391. 904,235,587. 23 Total of lines 15 through 22 71,283,020.73,507,072.76,064,350.74,526,199.295,380,641. Line 23 minus line 17 24 2,637,954. 2,382,998. 2,060,420. 1,960,984 Enter 1% of line 23 25 5.907.613. Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1994 through 1997 exceeded the amount shown Õ. in line 26a. Enter the sum of all these excess amounts 26b 295,380,641. 26c Add: Amounts from column (e) for lines: 10,144,973. 26d e Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. N/A b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount decribed in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (1997) (1995) (1994) c Add: Amounts from column (e) for lines: Add: Line 27a total ... \_ Public support (line 27c, total minus line 27d total) 27e Total support for section 509(a)(2) test: Enter amount on line 23, column (e) \_\_\_\_\_ P 27f N/A N/A Public support percentage (line 27e (numerator) divided by line 27f, (denominator)) h Investment income percentage (line 18 column (e) (numerator) divided by line 271 (denominator)) ....... 28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1994 through 1997, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.) None

Par	Private School Questionnaire (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	A	
	•		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing	29		
	instrument, or in a resolution of its governing body?  Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
30	Does the organization include a statement of its racially nondiscriminatory policy toward statement in an its products, stating and other written communications with the public dealing with student admissions, programs, and scholarships?	30	*********	·····
	and other written communications with the public dealing with student admissions, programs, and scholarships.  Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
31	Has the organization publicized its racially nondiscriminatory pointy through newspaper of broadcast media damig 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		
	to all parts of the general community it serves?  If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	"		
	If "Yes," please describe; if "No, please explain, (if you need thote space, attach a separate statement.)			
		_		
		_		
		_		
	Does the organization maintain the following:			
32	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
a	Records documenting that scholarships and other financial assistance are awarded on a racially			
Ц	nondiscriminatory basis?	32b		
_	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	320		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
u	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	nyou anonotou no to any or are enough and a first and			
		_ 💹		
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a	┼	-
t	Admissions policies?	330	┼—	-
	Employment of faculty or administrative staff?	33c		+
(	Scholarships or other financial assistance?	33d		╂
	a Educational policies?	33e		+
1	Use of facilities?	331		╁
1	g Athletic programs?	33g 33h	<u> </u>	+-
1	n Other extracurricular activities?	3311		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		— K		
		—		
		342		*****
34	Does the organization receive any financial aid or assistance from a governmental agency?	346		-
	b Has the organization's right to such aid ever been revoked or suspended?	340		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b></b>		******
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,	35	1	
	4075 0.0 B. 597, covering recial nandiscrimination? If "No." attach an explanation	00	1	- 1

Part VI-A Lobbying Expenditures by Electing Public Charities (To be completed ONLY by an eligible organization that filed Form 5768)			N/A
Check here  a			
Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or incurred)	(b) To be completed for ALL electing organizations		
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 Total lobbying expenditures (add lines 36 and 37) 39 Other exempt purpose expenditures	37	N/A	
40 Total exempt purpose expenditures (add lines 38 and 39)  41 Lobbying nontaxable amount. Enter the amount from the following table -  If the amount on line 40 is -  Not over \$500,000	} 41		
42 Grassroots nontaxable amount (enter 25% of line 41) 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38  Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.	42		

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

		Lobbying Expe	nditures During 4-Year A	veraging Period	N/A
Calendar year (or fiscal year beginning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 Grassroots lobbying expenditures					0

#### Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Yes	No	Amount
influence public opinion on a legislative matter or referendum, through the use of:	-	X	
a Volunteers		X	
c Media advertisements		Х	
d Mailings to members, legislators, or the public	X		11,315.
e Publications or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		90,517.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
I Total lobbying expenditures (add lines c through h)  If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. See			101,832.
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. See	stat	eme	ent 17, Line 1

# Schedule A (Form 990) 1998 Woods Hole Oceanographic Institution 04-210585 Par VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

	Exempt Organiz						
51 [	Old the reporting organization di	rectly or indirectly engage in any of th	e following with any other o	organization described in section			
5	01(c) of the Code (other than s	ection 501(c)(3) organizations) or in	section 527, relating to poli	tical organizations?			
a 1	ransfers from the reporting org	anization to a noncharitable exempt o	rganization of:		<u> </u>	Yes	No
	(i) Cash				51a(i)		X
	(ii) Other assets	***************************************	***************************************		a(ii)		X
	Other transactions:						
- '		ritable exempt organization			b(i)		X
				···			X
				***************************************	b(iii)		X
					b(iv)		X
							X
							X
				***************************************			X
d	officing of monacos, equipment, If the answer to any of the above	e is "Yes " complete the following sch	edule. Column (b) should al	ways indicate the fair market value of the			
u	nonds other assets or services	given by the reporting organization.	If the organization received	less than fair market value in any			
	youus, outer assets, or services transaction or sharing arrangem	ent, show in column (d) the value of	the goods, other assets, or	services received.		N/A	
		(c)		(d)			
(a) Line n	(b) o. Amount involved	Name of noncharitable exe	mpt organization	Description of transfers, transactions, and s	haring at	ranger	nents
	o. Tanodin involve				-		
	1						
			<u> </u>				
							<u>-</u>
					-		
							<del></del>
							<del></del>
			<u></u>				
		<u> </u>					
52 a			ne or more tax-exempt org	anizations described in section 501(c) of the	¬,,	Г	77
	Code (other than section 501(c			<b>&gt;</b>	_  Yes	L	No
<u>b</u>	If "Yes," complete the following	schedule. N/A	T				
	(a Name of o	a)	(b)	(c) Description of relationsh	nin		
	Name of o	rganization	Type of organization	Description of relationst	nh		<del></del>
	<u> </u>						
_							
_	<u> </u>						
			1				

Form 990	Rental Income	9		Statement 3
Kind and Location of Prope	rty	2	Activity Number	Gross Rental Income
		-	1	774,880.
Fotal to Form 990, Part I,	line 6a		=	774,880.
Form 990 Gain (Loss	) From Publicly T	raded Securi	ties	Statement 4
Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
Standish, Ayer & Wood, Inv. Mngr.	57,946,101.	56,835,393.	0.	1,110,708.
John Bristol, Inv. Mngr.	78,146,099.	64,611,599.	0.	13,534,500.
Dietche & Field, Inv. Mngr.	81,849,651.	73,756,240.	0.	8,093,411.
John McStay, Inv. Mngr. Wellington	12,536,410.	13,290,096.	0.	<753,686.
Management, Inv. Mngr.	32,089,462.	20,162,098.	0 .	. 11,927,364.
Montag & Caldwell, Inv. Mngr. Sound Shore	13,010,182.	10,854,212.	0	. 2,155,970.
Management, Inv. Mngr.	14,139,596.	17,527,305.	0	. <3,387,709.
Grantham Mayo Van Otterloo, Inv.Mngr. Morgan Stanley	559,880.	0.	0	559,880.
International, Inv. Mngr. Grantham Mayo Van	2,370,881.	0.	0	. 2,370,881.
Otterloo Intl. Bond, Inv. Mngr. Grantham Mayo Van	144,835.	0.	. 0	. 144,835.
Otterloo Emerging Mkt, Inv.Mngr. Wellington Capital	104,942.	0 .	. 0	104,942
Appreciation, Inv. Mngr.	0.	2,033,476	. 0	. <2,033,476.
To Form 990, Part I, line	292,898,039.	259,070,419	. 0	. 33,827,620.

Form 990 Gain (Loss)	From N	on-public	cly T	raded Se	curit	ies S	Statement	5 
Description		Date Acqui		Da So	te 1d		thod lired	
 Internally Managed Funds Venture Capital	,		. <u>-</u>	<del></del>		PURC	CHASED	
Name of Buyer		Gros Sales P		Cost Other B		Expense of Sale	Net Gai or (Los	
		80,	219.	19,	566.	0.	60,6	53.
Total to Fm 990, Part I,	ln 8	80,	219.	19,	566.	0.	60,6	53.
Form 990		Other	Expe	enses	·		Statement	6
	( A	7)		B)		(C) agement	(D)	
Description	Total					General	Fundraising	
Miscellaneous Contract Services	2,071,096. 10,002,943.			319,131. 027,783.	1,220,080. 1,953,582.		31,8 21,5	
Refunds and adjustments	<15	52,714.>	<862,591.		713,519.		<3,6	542.
Allocated management and general		0.	24,5	1,582,346. <25		,021,909.>	439,5	63.
Total to Fm 990, ln 43	11,92	21,325.	32,566,669. <2		<21	,134,728.>	489,3	384.
Form 990	Cash (	Grants ar	nd Al	Location	<del></del>		Statement	7
Classification Donee's	Name	Dor	nee's	Address	_	onee's elationshi	p Amo	unt
Fellowships/Sc List of avail.					n	one	3338	389.
Total Included on Form							3338	200

Form 990		Non-Govern	nment Secur	ties		St	atement	8
Description	Value Method	Corporate Stocks	Corporate Bonds	Pub Tr	her licly aded rities	Other Securities	Total Non-Go Securit	v't
Corporate Bonds Equity Securities & Mutual Funds	Cost	100109271.	15655157.		-		156551 1001092	
Other Securities Other Publicly Traded	Cost					20225067		
securities				620	33390.		620333	90.
To Fm 990, ln 5	4 Col B	100109271.	15655157.	620	33390.	20225067	1980228	85.
Form 990			rnment Secu	ritie			tatement	./+
Description	_	Valuation Method	U.S. Governme	nt		e and ' Gov't	Fotal Gov Securiti	
U.S. Government securities		Cost	9,455,	685.			9,455,6	85
Total to Form 9	90, line	e 54, Col B	9,455,	685.			9,455,6	85
Form 990 D	epreciat	cion of Asse	ts Not Held	for	Invest	ment S	tatement	10
Description			Cost or Other Basi	.s	Accumu Deprec		Book Valu	1e
Land, buildings improvements Vessels and doo Lab and other early work in Process	ck facil: equipment		47,069,200 2,754,406 8,355,383 421,575		26,264 292 5,606	,709	20,804,791 2,461,697 2,749,229 421,575	
Total to Form 9	990, Par	t IV, ln 57	58,600,564		32,163	,272	26,437,292	

Form 990 Ot	her Assets		State	ment	11
Description			Am	ount	
Remainder trusts Annuity investment Contributed assets			1,	216,60 054,5 333,4	12.
Total to Form 990, Part IV, line 58	, Column B		5,	604,5	95 <b>.</b>
Form 990 Other	Liabilities		State	ement	12
Description			'An	nount	
Supplemental retirement reserve	•		4,	532,0	13.
Total to Form 990, Part IV, line 65	o, Column B		4	,532,0	13.
	, , , , , , , , , , , , , , , , , , ,				
Form 990 Part V - List of Trustees and	Officers, Direc Ney Employees	tors,	State	ement	13
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib		
Robert B. Gagosian P.O. Box 725, Woods Hole, MA 02543-0725	Director Full time	262,736.	22,548.	•	0.
Charles D. Hollister P.O. Box 601, Falmouth, MA 02541-0601	Vice President Full time	143,677.	18,204.		0.
Paul Clemente 99 Manatee Road, Hingham, MA 02043	Clerk Full time	155,810.	18,673.		0.
Peter H. McCormick 13 Cove Street, Marion, MA 02738	Treasurer Part time	0.	0.		. 0

Woods Hole Oceanographic Institu-	<del></del>		04-2105	850
James E. Moltz .	Chairman			
29 Indian Spring Trail, Darien, CT 06820-2109	1	0.	0.	0.
00020-2103	Volunteer	•	0.	0.
James M. Clark	President			
210 Emerald Lane, Palm Beach, FL	Part time		0	0
33480	Volunteer	0.	0.	0.
Edwin W. Hiam	Assistant Treasurer			-
17 Glenoe Road, Chestnuthill, MA	Part time			
02167	Volunteer	0.	0.	0 .
Arthur Yorke Allen	Trustee			
1095 Park Avenue, New York, NY	Part time	•		•
10128-1154	Volunteer	0.	. 0.	0.
Rodney B. Berens	Trustee			
939 Ripley Lane, Oyster Bay, NY	Part time			
11771-4300	Volunteer	0.	0.	0.
Joan T. Bok	Trustee			
53 Pinckney Street, Boston, MA	Part time	,		
02114-4506	Volunteer	0.	0 -	0.
Robert A. Day	Trustee			-
One East 66th Street, Apt 9A, New	•	_	_	_
York, NY 10021	Volunteer	0.	0.	0.
Joseph Z. Duke, III	Trustee		:	
366 South Beach Road, Hobe Sound,	Part time			
FL 33455	Volunteer	0.	0.	0.
Sylvia A. Earle	Trustee			
12812 Skyline Boulevard, Oakland,	Part time		<u>.</u>	
CA 94619-3125	Volunteer	0.	0.	0.
Robert A. Frosch	Trustee			
416 Commonwealth Avenue, Apt 605,	Part time			_
Boston, MA 02215-2811	Volunteer	0.	0.	0.

Daniel S. Crogory	 Trustee				<u> </u>
Daniel S. Gregory 300 Summer Street, Westwood, MA	Part time				
02090	Volunteer	•	0.	0.	. 0.
Lisina M. Hoch	Trustee				
39 Matthiessen Park, Irvington, NY 10533-1512	Part time Volunteer		0.	0.	0.
	vorunceer			••	•
James B. Hurlock	Trustee	,	+	÷	
46 Byram Drive, Greenwich, CT 06830-7008	Part time Volunteer		0.	0.	0.
•					
Robert L. James	Trustee		•		
68 West Brother Road, Greenwich, CT 06830	Part time Volunteer		0.	0.	0.
		,			
William J. Kealy 120 North Baum Trail, Duck, NC	Trustee Part time				
27949	Volunteer	1	0.	0.	0.
	•				
Paul J. Keeler, Jr. 480 Field Point Road, Greenwich,	Trustee Part time				
CT 06830	Volunteer		0.	0.	0.
			ŧ		
Breene M. Kerr Suite 960, Three Post Oak Central,	Trustee Part time	,			
1990 Post Oak Blvd., Houston, TX	Volunteer		•		•
77056			0.	0/.	0.
Newton P. S. Merrill	Trustee				
51 Lord Hill Lane, Lyme, CT 06371	Part time		0.	0.	0.
	Volunteer				
Richard S. Morse, Jr. 225 Commonwealth Avenue, Unit 3,	Trustee Part time				
Boston, MA 02116	Volunteer		0.	0.	0.
George K. Moss 10 Gracie Square, New York, NY	Trustee Part time				
10028-8031	Volunteer		0.	0.	0.

*Woods Hole Oceanographic Institut	tion		04-2	105850
David G. Mugar 1619 Main Street, Cotuit, MA 02635	Trustee Part time	0.	0.	0.
	Volunteer		,	
Thomas D. Mullins 23 Berkeley Street, Cambridge, MA 02138	Trustee Part time Volunteer	0.	0.	0.
Reuben F. Richards Black River Road, P.O. Box 416, Far Hills, NJ 07931-0416	Trustee Part time Volunteer	0.	0.	0.
Kenneth S. Safe, Jr. 207 King Caesar Road, Duxbury, MA 02332-3912	Trustee Part time Volunteer	0.	0.	0.
John A. Scully 110 Post Kunhardt Road, P.O. Box 371, Bernardsville, NJ 07924-0371	Trustee Part time Volunteer	0.	. 0.	0.
John M. Stewart 1120 Fifth Avenue, New York, NY 10128	Trustee Part time Volunteer	0.	0.	0.
Daniel H. Stuermer 1824 Beverly Drive, Lancaster, PA 17601	Trustee Part time Volunteer	0.	0.	0.
Cecil B. Thompson 13682 So. Annie Lace Way, Draper, UT 84020	Trustee Part time Volunteer	0.	0.	0.
Thomas J. Tierney 45 Old Farm Road, Wellesley, MA 02181-1423	Trustee Part time Volunteer	0.	0.	0.
Majorie M. von Stade Chicken Valley Road. P.O. Box 375, Locust Valley, NY 11560-0375	Trustee Part time Volunteer	0.	0.	0.
F. Thomas Westcott 38 Commonwealth Avenue, Attleboro, MA 02703-1006	Honorary Trustee Part time Volunteer	0.	0 -	0.

Wood	s Hole Oceanographic I	Institut	tion		04-21	05850
300 Bo	M. Zeien ylston Street, Apt. 11 , MA 02116	104,	Trustee Part time	0.	0.	0.
190 So	m C. Cox uth Beach Road, Hobe S 55-2507	Sound,	Trustee Part time	0.	0.	0.
	Luyten tower Road, Falmouth,	MA	Sr.Assoc.Dir & Full time	Dir Rsrch 146,864.	19,780.	0.
Totals	Included on Form 990,	Part V	- √ -	709,087.	79,205.	0.
Form 9	90 Identifi	cation Par	of Related Orga t VI, Line 80b	anizations	Statemen	t 14
Name o	f Organization	-		F	Exempt NonE	xempt
	ment Trust for Employe graphic Institution	es of N	Woods Hole		X	
Form 9						
————			art IX rding Taxable St	ubsidiaries	Statemen	t 15
Name,		on Regai		ubsidiaries Total Income	Statemen End-of- Asse	Year
Name, of Cor Quisse Corpor	Information Address & ID Number	Pct Own	rding Taxable St	Total	End-of-	Year
Name, of Cor Quisse Corpor	Information  Address & ID Number por Partnership tt Developement ation 04-3189654, wods Hole	Pct Own 10000%	Nature of Business Technology	Total Income	End-of- Asse	Year ets
Name, of Cor Quisse Corpor c/o Wo	Information  Address & ID Number por Partnership tt Developement ation 04-3189654, wods Hole	Pct Own 10000% Relationshment	Nature of Business  Technology Licensing  Onship of Active of Exempt Purpo	Total Income	End-of- Asse	Year ets
Name, of Cor Quisse Corpor c/o Wo	Information  Address & ID Number por Partnership ett Developement ration 04-3189654, rods Hole  90 Part VIII - Accompliing Explanation of Relation Revenue from joint grant of the part of	Pct Own  10000%  Relationship raduate hers oun ng for e ocean rom OCE wledge om the the ach tional	Nature of Business  Technology Licensing  Onship of Activities  of Exempt Purpo of Activities  program with M r exempt purpos scientists and ographic proces ANUS Magazine w in marine ocean sale of scienti ievement of the purposes by sti	Total Income  Income  ities to  oses  I.T. in the e by ensuring engineers which disseming ography to the fic books ar Institution mulating and	End-of-Asse  0.  Statement  Marine ng quality no will  inates result the public. nd souvenirs n's exempt d enhancing	Year  0.  t 16

23 Statement(s) 13, 14, 15, 16 052 Woods Hole Oceanographic Insti WHO19901

Woods Hole Oceanographic Institution 04-2105850 Form 990 Schedule A, Part III Line 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?

consist of educating and communicating with legislators and the general public regarding environmental and ocean sciences issues. In addition, the consultants report back to Woods Hole The Woods Hole Oceanographic Institution did not participate or intervene in any political campaigns. The amount reported represents payments to consultants whose primary activities Oceanographic Institution (WHOI) on developments and issues of interest to, and/or affecting the Institution.

Line 2a Sale, exchange, or leasing of property?

Other than for transactions in the normal course of the Institutions' business activities, i.e., the purchase of products of a corporation of which a trustee may be an officer or employee, the officer or employee, utilizing the services of a bank in which an officer may be a director or a trustee may be an officer or employee, and the leasing of laboratory space from an entity in graduate studies with the Massachusetts Institute of Technology (MIT) and operating a joint research library with the Marine Biological Laboratory (MBL) in which a trustee may be an described is affiliated. All such transactions are conducted at arm's length and at fair market value. Sale, exchange, or leasing of property transactions with a related party are listed issuance or acceptance of a research grant or subcontract to or from an organization in which a trustee may be an officer or employee, participating in a joint education program for which a trustee has an interest, the Institution is not aware of any transaction between it and any person described above or an organization or corporation with which such person

Name and Title	Address	Description of Transaction	Amount	Authorization Procedure
CYGNUS Corporation	5260 Columbia Road	Purchased Brushless Motor Components	\$ 5,940	Administrative Approval
Cecil B. Thompson, Trustee	Medina, Ori 44236-8946			
Engelhard Corporation	Engineered Materials Div. 700 Blair Road	Purchased Supplies	1,047	Administrative Approval
Reuben F. Richards, Trustee	Carteret, NJ 07008			
Sea Education Association	P.O. Box 6	Purchased Student Sea Cruises	42,300	Administrative Approval
James M. Clark, President	Woods Hole, MA 02543			
Smithsonian Institution	10th & Constitution Ave., NW MRC-106	Purchased Reprints	340	Administrative Approval
Thomas D. Mullins, Trustee	Washington, D. C. 20560-0106			
Thermo Analytical, Inc.	603 South Main Street New Ellenton, SC 29809	Laboratory Rental	300	Administrative Approval

Daniel H. Stuemer, Trustee

Line 2b Lending of money to or other extension of credit to an officer, director, trustee or key employee?

capabilities that personal computers have for use at the Institution, as well as at home. All regular employees who have been at the Institution for one or more years and who are expected to continue their employment during the two-year repayment period are eligible to apply for a personal computer loan. In addition, the Trustees of the Institution have authorized interestfree loans to all regular full time employees for the undergraduate college education of their children. Qualified applicants must have had employment with the Institution for three or more years and are expected to continue their employment during the five-year repayment period of the loan. Should the education loan, or combination of education and computer The Woods Hole Oceanographic Institution provides interest-free loans for the purchase of personal computers to encourage its employees to become more familiar with the interest free loans, exceed \$10,000, interest income will be reported to the borrower on the full amount of the loan(s).

Line 4b Explanation of how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive

Disbursements in furtherance of the Institution's exempt programs are made in accordance with procedures, or subject to conditions, established by the Institution's governing board. Such procedures and conditions are designed to assure that individuals and organizations receiving disbursements are qualifying recipients. Students receiving scholarships and fellowships are judged on the basis of academic achievement, financial need, and other similar standards. Footnotes

Statement

1

990, Page 2, Part III

a. Sponsored and Institution research in oceanography and related fields. Sponsored research involved 543 awards from 14 federal agencies and 85 other clients. Institution research involved 68 projects from unrestricted funds.

b. Education joint graduate program with M.I.T. in the Marine Sciences. Enrolled for the 97-98 academic year; 163 students. Additional programs in support of 31 postdoctoral scholars, 1 marine policy fellow, 27 summer students, 64 guest students, and 90 summer participants in Geophysical Fluid Dynamics.

990, Part 1, Line 8d
Detail of all capital gains are derived from our investment managers and are available upon request.

## Form 2758

(Rev. June 1998)

## Application for Extension of Time To File Certain Excise, Income, Information, and Other Returns

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

OMB No. 1545-0148

Please typ		Employer identification number 04-2105850
original a	nd one Number, street, and room or suite no. (or PO, box no. if mail is not delivered to street address)	01-2103630
copy by the date for fill	na l	
your returninstruction		
THOUGHOUT	S. City, town or post office, state, and ZIP code. For a foreign address, see instructions.  WOODS HOLE MA 02543	
Note: C	orporate income tax return filers must use Form 7004 to request an extension of time to file. Partn	erships, REMICs, and trust
П	ust use Form 8/36 to request an extension of time to file Form 1065, 1066, or 1041.	, ,
	quest an extension of time until August 16 , 1999 , to file (check only one): Form 706-GS(D) Form 990-T (sec. 401(a) or 408(a) trust) Form 1120-ND (sec. 4951	
	Form 706-GS(D)	· =
=	Form 990 or 990-EZ Form 1041 (estate) (see instructions) Form 4720	Form 8613
	Form 990-BL Form 1041-A Form 5227	Form 8804
	Form 990-7F Form 1042 Form 6069	Form 8831
if th	e organization does not have an office or place of business in the United States, check this box .	▶ ┌
2a For	calendar year, or other tax year beginning 01/01, 1998 and ending	12/31 1998
ם וונס	is tax year is for less than 12 months, check reason:	nge in accounting period
3 Has	an extension of time to file been previously granted for this tax year?	
4 Stat	mplete and accurate return.	<u> </u>
	mp 1 3 4 4 5 4 4 5 4 4 4 4 4 4 4 4 4 4 4 4 4	
5a If thi	s form is for Form 706-GS(D), 706-GS(T), 990-BL, 990-PF, 990-T, 1041 (estate), 1042, 1120-ND, 4720, 6069, 861	
8613	8, 8725, 8804, or 8831, enter the tentative tax, less any nonrefundable credits. See instructions.	2, \$ NONE
<b>b</b> If th	is form is for Form 990-PF, 990-T, 1041 (estate), 1042, or 8804, enter any refundable credits and	
esti	nated tax payments made. Include any prior year overpayment allowed as a credit	\$ NONE
c Bala	ance due. Subtract line 5b from line 5a. Include your payment with this form, or deposit with FTD	1
cou	oon if required. See instructions	\$ 0.00
	Signature and Verification ties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of	
correct, and	complete; and that I am authorized to prepare this form.	my knowledge and belief, it is true
		10 0
Signature >	Mul D Figure Title CPA	Date > 4.2.7. 9
FILE OR	GINAL AND ONE COPY. The IRS will show below whether or not your application is approved and will	return the conv.
Notice t	Applicant — To Be Completed by the IRS	
	HAVE approved your application. Please attach this form to your return	to the first the second
	HAVE NOT approved your application. However, we have granted a 10-day grade period from the	IVED
belo	w or the due date of your return (including any prior extensions). This grade period is considered	<del>riater or inp</del> oste snown to be a valid extension of
time	w or the due date of your return (including any prior extensions). This grade period is considered for elections otherwise required to be made on a timely return. Please attach this form to the way re	tird1999
∐ We	HAVE NOT approved your application. After considering the reasons stated in item 4 we cannot	grant your request for an
exte	nsion of time to file. We are not granting the 10-day grace period.	
☐ We	cannot consider your application because it was filed after the due date of the retu <del>rn for which an</del>	extension was requested.
Othe		
<del>, _</del>	Extension granted until 00/599	
_		
	Director	Date
lf vou wont	2 copy of this form to be refurred to as address all and the standards.	
ii you want	a copy of this form to be returned to an address other than that shown above, please enter the address to which the Name	copy should be sent.
Please	PricewaterhouseCoopers LLP ATTN: Jocelyn Ceasar	
Type	Number, street, and room or suite no. (or P.O. box no. if mail is not delivered to street address)	
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