Form 990

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

			C. Nome of organization	, 2001, and ending	
Chi.	Address		C Name of organization WOODS HOLE OCEANOGRAPHIC INSTITUTION		D Employer identification number 04–2105850
\vdash	change Name chi	label or	Number and street (or P O box if mail is not delivered to street ad	Idress) Room/suite	E Telephone number
	instal ret	- print or	(AUTIDE) SITE STORES OF POXILITIES FOR BEHAVIOR OF STREET BO	Mooninsuite	C resolutions unutibes
\vdash	Funal retu	See	569 WOODS HOLE ROAD, MS 14		(508) 457-2000
	Amended	Specific -	City or town, state or country and ZIP + 4	·-·	F Accounting
-	telum Application		WOODS HOLE, MA 02543		methed Cash X Accrual Other (specify) ▶
<u> </u>	pending		ection 501(c)(3) organizations and 4947(a)(1) nonexempt charitable	H and Lare not an	plicable to section 527 organizations
			usts must attach a completed Schedule A (Form 990 or 990-EZ)		p return for affiliates? Yes X No
G V	Veb site	•		' ' -	er number of affiliates N/A
			eck only one) ▶ X 501(c) (3) ◀ (insert no) 4947(a)(1) or	527 H(c) Are all affiliate	
	heck he		If the organizations gross receipts are normally not more than \$25,000	(If "No " attac	th a list See instructions) N/A
			file a return with the IRS, but if the organization received a Form 990 Pa	H(Q) is this a separa	te return filed by an wered by a group ruling? Yes X No
	-		ile a return without financial data. Some states require a complete return	I Enter 4-digit 0	
				M Check	if the organization is not required
L	iross red	reinis Addiir	nes 6b 8b, 9b and 10b to line 12 329 , 617 , 83	' '	B (Form 990 990 EZ or 990-PF)
Pai			xpenses, and Changes in Net Assets or Fund Balances (See		
			ons, gifts, grants, and similar amounts received	Opposition with the control of	1 1
2000	∄ ′ ့	Direct publ	1. 1	30,124,760	
ď	┪	•	blic support		1
	3	•	nt contributions (grants)		1
ç	d		es la through lc) (cash \$ 16,099,760 noncash \$	14,025,000)	1d 30,124,760
5	ቻ₂፝	-	ervice revenue including government fees and contracts (from Part VII		2 97,315,026
	3		ip dues and assessments		3
(4		savings and temporary cash investments		4 652,329
빌	₩ 5		and interest from securities		5 2,672,314
4	6 a	Gross rents	f. f	681,800	
3	₫ ь	Less renta	al expenses 6b	· · · · · · · · · · · · · · · · · · ·	1
	,		income or (loss) (subtract line 6b from line 6a)		66 681,800
	7	Other inve	stment income (describe STMT_1)	7 299,554
Revenue	8 a	Gross amo	ount from sales of assets other (A) Securities	(B) Other	
å		than inven	tory 197,143,639 8a]
	Ь	Less cost	or other basis and sales expenses 195,908,734 8b		<u> </u>
	c	Gam or (los	ss) (attach schedule) STMT IA	<u> </u>	_
	d	Net gain or	r (loss) (combine line 8c columns (A) and (B))		8d 1,234,905
	9	Special eve	ents and activities (attach schedule)	ECEIVED	
	a	Gross reve	enue (not including \$ of	EOC!	\ [
		contributio	ns reported on line 1a)	- 0002 10	4
	ь	Less direc	et expenses other than fundraising expenses	U6 2 0 2002 1 8	<u>4</u>
	C	Net income	e or (loss) from special events (subtract line 9b from line 9a) 🌼 🔭		9c
	10a	Gross sale	es of inventory less returns and allowances	COPEN, UI	4
	ь	Less cost	of goods sold	المستقران المال	↓
	c		fit or (loss) from sales of inventory (attach schedule) (subtract line 10b	from line 10a)	10c
	11		nue (from Part VII, line 103)		728,408
	12	Total reve	enue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12 133,709,096
_	13	_	ervices (from line 44, column (B))	•	98,598,932
Expenses	14		ent and general (from line 44 column (C))		5,078,755
e G	15		g (from line 44, column (D))	• •	1,783,953
Щ	16		to affiliates (attach schedule)		16
	17	_	enses (add lines 16 and 44, column (A))	<u> </u>	105,461,640
5	18		(deficit) for the year (subtract line 17 from line 12)	•	18 28,247,456
į	19		or fund balances at beginning of year (from line 73, column (A))	•	19 338,781,738
Not Assets	20		•	TMT 2 STMT 3	20 -30,067,734
_	21_		for fund balances at end of year (combine lines 18, 19, and 20)		21 336,961,460
		work Redu	iction Act Notice, see the separate instructions		Form 990 (2001)
10 2 00	10				υ

Form 990 (2001) 04-2105850 Part | Statement of All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt chantable trusts but optional for others. (See Specific Instructions on page 21.) Functional Expenses Do not include amounts reported on line (B) Program (C) Management (D) Fundraising (A) Total and general 6b, 8b, 9b, 10b, or 16 of Part I services 22 Grants and allocations (attach schedule) ٠x. (cash \$ 5,144,017 noncash \$ 22 STMT 4 5,144,017 5,144,017 23 23 Specific assistance to individuals (attach schedule) 24 24 Benefits paid to or for members (attach schedule) Compensation of officers, directors, etc. 25 548,625 548,625 26 Other salaries and wages 26 32,677,454 31,938,503 63,247 675,704 Pension plan contributions 27 27 28 28 Other employee benefits 7,250,010 6,818,335 196,575 235,100 29 29 Payroll taxes 95,463 NONE 95,463 NONE 30 30 Professional fundraising fees Accounting fees 31 Legal fees 32 32 33 Supplies 33 13,650,140 12,812,104 638,410 199,626 Telephone 34 211.359 182.653 19.359 9,347 35 Postage and shipping 35 038,323 008,841 13,246 16,236 Occupancy 36 95,973 36 201,752 105,779 NONE 37 Equipment rental and maintenance 27,429 4,497,959 4,459,685 10,845 38 Printing and publications 281,739 38 363,963 33,606 48,618 39 39 Travel 3,126,567 2,957,127 109,455 59,985 40 Conferences, conventions, and meetings 40 41 41 Interest Depreciation depletion etc (attach schedule) 3,683,710 42 3,244,571 435,961 3,178. 43a 43 32,972,298 29,655,384 2,791,600 525,314 Other expenses not covered above (itemze) STMT 5 b 43b 43c 43d 43e Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15. 5.078.755 105,461,640 98,598,932 1,783,953 Joint Costs Check ▶ If you are following SOP 98-2 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$ (iii) the amount allocated to Management and general \$ and (Iv) the amount allocated to Fundraising \$ Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24) Program Service What is the organization's primary exempt purpose? ▶ STMT 6

of	l organizations must describe their exempt purpose achievements in a clear and concise manner. S clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 5 ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and alloc	i01(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
а	STMT_7		-
	(Grants and allocations \$	4,783,936	91,958,658
Ь	STMT 7		
	(Grants and allocations \$	360,081	6,640,274
C			-
	(Grants and allocations \$		-
d			-
	(Grants and allocations \$		<u> </u>
8	Other program services (attach schedule) (Grants and allocations \$		<u> </u>
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	. •	98,598,932

Part IV Balance Sheets (See Specific Instructions on page 24)

46 Savings and temporary cash investments	47c 7,312,49	45 46
45 Cash - non-interest-bearing	45 27,407,02 46 NO 47c 7,312,49	
46 Savings and temporary cash investments	46 NO 47c 7,312,49	
47a Accounts receivable	47c 7,312,49	130
b Less allowance for doubtful accounts 47b 5,382,521 4		47c
	48c 1,837,43	27.3
48a Pledges receivable	48c 1,837,43	3.74
b Less allowance for doubtful accounts . 48b 2,875,144 4		48c
· · · · · · · · · · · · · · · · · · ·	49	Γ
50 Receivables from officers, directors, trustees, and key employees		
	50	50
51a Other notes and loans receivable (attach		0.737
schedule)		
	51c	51c
52 Inventories for sale or use 1,070,303	52 1,338,20	52
· · · · · · · · · · · · · · · · · · ·		· ·
		_
55a Investments - land, buildings, and	* \$8°	7 3 C
equipment basis 55a	. <u>4</u> 5.]	1.44
b Less accumulated depreciation (attach		2.53
schedule) 55b	55c	55c
	56	56
57a Land, buildings, and equipment basis 51 mt 4A 57a 76,005,563	,`, (200
	200	200
schedule)	57c 34,693,98	57 c
58 Other assets (describe ►	58 31,988,80	58
		59
		60
	61	1
	62 9,693,78	62
Schedule) Garage Tax-exempt bond liabilities (attach schedule)		
schedule)	63	_
64a Tax-exempt bond liabilities (attach schedule)		64a
b Mortgages and other notes payable (attach schedule) . STMT 12. 3,921,516 6		
65 Other liabilities (describe ► <u>STMT 13</u>) 7,158,614 (65 6,464,58	65
66 Total liabilities (add lines 60 through 65)	66 27 442 22	66
66 Total liabilities (add lines 60 through 65)	66 37,443,33	7,80
	\$100 A	
1	67 103,882,47	
68 Temporarily restricted 186,367,906		68
69 Permanently restricted		69
organizations that do not follow SFAS 117, check here ▶ and	200	700
5 complete lines 70 through 74		
70 Capital stock, trust principal, or current funds	70	70
71 Paid-in or capital surplus, or land, building, and equipment fund		71
→		72
73 Total net assets or fund balances (add lines 67 through 69 OR lines	,	.777
5 70 through 72,	, och	2,5
column (A) must equal line 19, and column (B) must equal line 21) 338,781,738		73
74 Total liabilities and net assets / fund balances (add lines 66 and 73) 373,951,564	74 374,404,79	74

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.

Form 9	990 (:	2001) 04-2105850		ſ	Page 5
Part		Other Information (See Specific Instructions on page 27)		Yes	
		e organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		x
		any changes made in the organizing or governing documents but not reported to the IRS?	77		x
		s, attach a conformed copy of the changes	`		10.
		e organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		×
		s," has it filed a tax return on Form 990-T for this year?	78b	N/	1
		here a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		x
30 a ls	the	organization related (other than by association with a statewide or nationwide organization) through common			
n	nemb	ership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	x	ļ
b If	"Yes	s," enter the name of the organization STMT 19			- T
_		and check whether it is X exempt OR nonexempt	-		1
31 a E	nter	direct or indirect political expenditure. See line 81 instructions]		
5 D	id the	e organization file Form 1120-POL for this year?	81b		x
32 a D	id the	e organization receive donated services or the use of materials, equipment, or facilities at no charge			1
0	rats	substantially less than fair rental value?	82a		<u>x</u>
b if	"Yes	s," you may indicate the value of these items here. Do not include this amount			
а	s reve	enue in Part I or as an expense in Part II. (See instructions in Part III.)			
33 a D	id the	e organization comply with the public inspection requirements for returns and exemption applications?	83a	x	ļ
ЬD	id the	e organization comply with the disclosure requirements relating to quid pro quo contributions?	83Ь	х	<u> </u>
34 a D	ud the	e organization solicit any contributions or gifts that were not tax deductible?	84a	N/	A
Ыf	"Yes	s * did the organization include with every solicitation an express statement that such contributions			
0	r gifts	s were not tax deductible?	84ъ	N/	A
		(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/	<u> </u>
ЬD	nd the	e organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	A
lf	"Yes	s" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			2.1
re	eceive	ed a waiver for proxy tax owed for the prior year			
c D	ues,	assessments, and similar amounts from members			
d S	ectio	n 162(e) lobbying and political expenditures			_ \
e A	ggreg	gate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
fΤ	axabl	le amount of lobbying and political expenditures (line 85d less 85e) <u>85f N/A</u> _	`		`
g C	oes t	the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/	<u> </u>
h If	sect	ion 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable			
		ate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	<u> </u>
		(7) orgs Enter a initiation fees and capital contributions included on line 12 86a N/A	`		12.
		receipts, included on line 12, for public use of club facilities 86b N/A			
		(12) orgs Enter a Gross income from members or shareholders			
		income from other sources. (Do not net amounts due or paid to other			
		es against amounts due or received from them)			A 8
	•	time during the year, did the organization own a 50% or greater interest in a taxable corporation or			ĺ
-		riship, or an entity disregarded as separate from the organization under Regulations sections			
		701-2 and 301 7701-37 If "Yes," complete Part IX	88	_х	
		(3) organizations Enter Amount of tax imposed on the organization during the year under			
		n 4911 ► NONE , section 4912 ► NONE , section 4955 ► NONE	1 1	,	~~ ~
		(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	_		906		١
		ement explaining each transaction Amount of tax imposed on the organization managers or disqualified persons during the year under	89b		<u> </u>
					MONTH
		ns 4912, 4955, and 4958 Amount of tax on line 89c above, reimbursed by the organization▶			NONE
		e states with which a copy of this return is filed MA, NY			<u>NONE</u>
			90ь	922	
		oboks are in care of ► STACEY L MEDEIROS CONTROLLER Telephone no ► (508) 4			
		ed at ▶ WOODS HOLE, MA ZIP + 4 ▶ 02543		500	
		on 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041 · Check here			\Box
		iter the amount of tax-exempt interest received or accrued during the tax year	• •	n/A	
	011				(2001)

Note Enter gross amounts unless otherwise	Unre	lated business income		y section 512, 513, or 514	(E)
indicated	(A) Business	(B)	(C) Exclusion	(D)	Related or exempt function
93 Program service revenue	code	Amount	code	Amount	income
a RESEARCH			20	89,363,478	
b EDUCATION		l			7,951,548
c					
d				-	
8				_	
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments	<u> </u>				
95 Interest on savings and temporary cash investments			14	652,329	
96 Dividends and interest from securities	<u> </u>		14	2,672,314	
				2,012,314	······································
` '	·				<u></u> <u>.</u> <u></u>
a debt-financed property			1-	601 000	
b not debt-financed property .	}- 		16	681,800	
98 Net rental income or (foxs) from personal property	505000			100 707	
99 Other investment income .	525990	-139,18:		438,737	
100 Gain or (loss) from sales of assets other than inventory	<u> </u>		18	1,234,905	
101 Net income or (loss) from special events.					
102 Gross profit or (loss) from sales of inventory	<u> </u>				
103 Other revenue a					
b LICENSING FEES		<u> </u>	15	480,048	
c INFO CENTER INCOME	<u> </u>				230,953
d_OTHER	}				17,407
8					
104 Subtotal (add columns (B) (D), and (E))	<u> </u>	<u>-139,18</u> ;	3 [95,523,611	8,199,908
105 Total (add line 104, columns (B), (D) and (•		·	103,584,336
Note Line 105 plus line 1d, Part I, should equal				_ _	
Part VIII Relationship of Activities					
Line No Explain how each activity for which	n income is f	eported in column (E) of	Part VII contri	buted importantly to the acco	mplishment
of the organization's exempt purpo	ses (other th	an by providing funds for	such purposes)	<u> </u>	
STMT 20					
		<u> </u>			
Part IX Information Regarding Tax	able Subsi	<u>diaries and Disrega</u>	<u>rded Entitie</u>	s (See Specific Instru	ctions on page 33)
(A) Name, address and EIN of corporation		(B) Percentage of Nati	(C)	(D)	(E) End-of-year
partnership, or disregarded entity		ownership Interest	ire of activities	Total income	assels
STMT_21		- %		NONE	NONE
		%			
		%	_		
		%			
Part X Information Regarding Tra	nsfers Ass	ociated with Perso	nal Benefit (Contracts (See Specific	Instructions on page 33
(a) Did the organization, during the year, rec	eive any fund	s, directly or indirectly, to	pay premiums	on a personal benefit contra	t? Yes X No
(b) Did the organization, during the year	-			•	Yes X No
Note If "Yes" to (b), file Form 8870 and F		•	,,		
Under penalties of perjury, I decl			gaccompanying	schedules and statements and	io the best of my knowledge
		parer (other th	ian officer) is base	ed on all information of which pre	sarer has any knowledge
				1 8/14/0z	
				Date	
		_	1.	1 / 3 (60	

SCHEDULE A

(Form 990 or 990-EZ)

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 - (See separate instructions.)

2001

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

WOODS HOLE OCEANOGRAPHIC INSTITUTION

Employer identification number

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions List each one If there are none, enter "None") (b) Title and average (d) Contributions to (e) Expense (a) Name and address of each employee paid more hours per week employee benefit plans & account and other (c) Compensation than \$50 000 devoted to position deferred compensation allowances JAMES LUYTEN SR ASSOC DIRECTOR 569 WOODS HOLE ROAD, MS 14 166.525 NONE WOODS HOLE, MA 02543 35.242 SR SCIENTIST STANLEY HART 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543 40 158,671 31,147 NONE JOHN HAYES SR SCIENTIST 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543 40 146,520 29,515 NONE VP ACADEMICS JOHN FARRINGTON 569 WOODS HOLE ROAD, MS 14 144,842 31,781 WOODS HOLE, MA 02543 40 NONE RICHARD PITTENGER VP MARINE OPERATIONS 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543 143,111 29,185 NONE Total number of other employees paid over

Compensation of the Five Highest Paid Indepe (See page 2 of the instructions List each one (wheth	ndent Contractors for Profession er individuals or firms) If there are no	nal Services ne, enter "None ")
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
JK SCANLAN COMPANY, INC.		
15 RESEARCH RD, EAST FALMOUTH, MA 02536	CONSTRUCTION CONSULTING	783,049
HILL & KNOWLTON		
600 NEW HAMPSHIRE AVE , WASHINGTON DC	MEDIA CONSULTANTS	539,079
ELLENZWEIG ASSOCIATES INC		
1280 MASSACHUSETTS AVE , CAMBRIDGE MA	ARCHITECTS	380,526
MARINE BIOLOGICAL LABORATORY		
7 MBL ST , WOODS HOLE, MA 02543	LIBRARY SERVICES	223,510
WILLIAM M MERCER INC		
200 CLARENDON ST , BOSTON, MA 02116	ACTUARIES	206,918
Total number of others receiving over \$50,000 for professional services		

401

\$50,000

sched	tule A (Form 990 or 990-EZ) 2001 U4~Z 103830		<u> </u>	age
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 legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ \(\) \(
	Part VI-A, or line I or Part VI-B) STITT 22	1	X	<u> </u>
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			į
	organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of			
	the lobbying activities			ĺ
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			ĺ
	owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining			
	the transactions) STMT 224			1
a	Sale, exchange, or leasing of property?	2a	X	l
ь	Lending of money or other extension of credit?	2b	×	İ
c	Furnishing of goods, services, or facilities?	2c	х	
	STMT 23		-	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	_x	ļ
	j		l	ĺ
e	Transfer of any part of its income or assets?	2e		X
				ĺ
_				
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	. 3	X	_
4	Do you have a section 403(b) annuity plan for your employees? Attach a statement to explain how the organization determines that individuals or organizations receiving grants STMT 24	4	X	<u> </u>
	Attach a statement to explain how the organization determines that individuals or organizations receiving grants STMT 24 ans from it in furtherance of its charitable programs "qualify" to receive payments			
		<u>:</u>		
Par	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)			
fhe q	organization is not a private foundation because it is. (Please check only ONE applicable box.)			
5	A church, convention of churches, or association 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 hospital service organization. Section 170(b)(1)(A)(iii)			
8	A Federal, state, or local government or governmental unit. Section 170(b)(1)(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,		
ا ما	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(11/41/		
י י	(Also complete the Support Schedule in Part IV-A.)	יאראוי	Ψ)	
118	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public			
	Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
ι1ь[A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
12	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross	s		
	receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3%	of		
	its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acqu			
	by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization	15		
	described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See			
	section 509(a)(3))			
	Provide the following information about the supported organizations (See page 5 of the instructions.)			
	(a) Name(s) of supported organization(s)		er	
	from a	1DOVE		
				

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Sched	tule A (Form 990 or 990-EZ) 2001			04-2105850			Page 3
	t IV-A Support Schedule (Complete only if y	ou checked a box on	line 10, 11, or 12) &				
	You may use the worksheet in the instructions for co						
	ndar year (or fiscal year beginning in)		(b) 1999	(c) 1998	(d) 1997		(e) Total
15	Gifts grants, and contributions received (Do	(4) 2 4 4		17,1111	121.133.		(-,
	not include unusual grants. See line 28.)	15,067,685	7 585 085	73,375,959	67,904,6	34	163933363
16	Membership lees received	15,007,005,	7,303,003	, , , , , , , , , , , , , , , , , , , ,	0,,501,0	,,,,	103333303
17	Gross receipts from admissions, merchandise			<u></u>			.
17							
	sold or services performed, or furnishing of					ļ	
	facilities in any activity that is related to the	85,844,088	77,448,456	208379656.	1925123	.70	564184579
4.0	organization s charitable, etc. purpose	05,844,088	11,446,436	2083/9030.	1923123	7/3	304104373
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	4,037,278	4,492,114	3,316,63B	2,982,6	10	14,828,640
19	Net income from unrelated business						
	activities not included in line 18					. —	
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on						
	its behalf	 					
21	The value of services or facilities furnished to		'				
	the organization by a governmental unit	1			<u> </u>		
	without charge. Do not include the value of						
	services or facilities generally furnished to the						
	public without charge			395,776	395,7	776	791,552
22	Other income Attach a schedule Do not	STMT 25					
	include gain or (loss) from sale of capital assets	242,575	215,450			ONE	•
23	Total of lines 15 through 22	105191626			2637953		744196159
24	Line 23 minus line 17	19,347,538		77,088,373	71,283,0		180011580
25	Enter 1% of line 23	1,051,916	897,411		2,637,9		2 600 000
26		Enter 2% of amount	· ·	•	- 1	26 a	3,600,232
Þ	Prepare a list for your records to show the na			•			
	governmental unit or publicly supported organiz						
	amount shown in line 26a Do not file this lis		Enter the total of	all these excess a	ſ	26b	5,072,447
	Total support for section 509(a)(1) test. Enter line 24				. •	26c	180011580
d	Add Amounts from column (e) for lines 1814			442			
	22	<u>458,025</u> 26	5,072,	<u>44/</u> .	. 1	26d	20359112
	Public support (line 26c minus line 26d total)	e Orași al la composite			`	26e	159652468
	Public support percentage (line 26e (numerator) d			· · · · ·		26f	88 6901 %
27	Organizations described on line 12 a For amount person," prepare a list for your records to show the						
	Do not file this list with your return. Enter the sum			acti year ironi, each	disdonnied be	13011	
	-				(4007)		
	(2000)(1999)						
b	For any amount included in line 17 that was rishow the name of, and amount received for each						
	(Include in the list organizations described in line	es 5 through 11, a	s well as individuals) Do not file this	list with your	retur	n After computing
	the difference between the amount received an	id the larger amou	nt described in (1)	or (2), enter the	sum of these	diffe	rences (the excess
	amounts) for each year		(4000)		(4007)		
	(2000)(1999)		(1998)		_ (1997)	'	
			_				
C	Add Amounts from column (e) for lines 15	16	· ———		. 1		1
	17 20	2	·	 ···	· •	27c	
	——————————————————————————————————————	and line 27b total		<u> </u>		27d	
	Public support (line 27c total minus line 27d total) Total support for section 509(a)(2) test. Enter amounts Total support for section 509(a)(2) test.	•	•		•	27 е	
f	I lotal support for section 509(a)(2) test. Enter amou	nton line 23 column	(e) .	271			Į.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

Unusual Grants For an organization described in line 10, 11 or 12 that received any unusual grants during 1997 through 2000,

Part V Private School Questionnaire (See page 7 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,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		ļ
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	ļ '	Ì	
	brochures, catalogues, and other written communications with the public dealing with student admissions,	20		ł
24	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	30		 -
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			1
	that makes the policy known to all parts of the general community it serves?	31		1
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	7		
		_		
				l
	~			
				l
32	Does the organization maintain the following			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	<u> </u>	
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	225		
_	basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b		
G	with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
_	• • •			
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	^		
				١,
	<u> </u>			
33	Does the organization discriminate by race in any way with respect to			1 .
	Displayed the second second	. '		,
а	Students' rights or privileges?	33a	 -	├
ь	Admissions policies?	33Ь		
_	· · · · · · · · · · · · · · · · · · ·	355		
С	Employment of faculty or administrative staff?	33c		[
d	Scholarships or other financial assistance?	<u>33d</u>		
e	Educational policies?	33e		 -
	the attack of] !]
T	Use of facilities?	33f		 -
-	Athletic programs?	33g)
A	Adhere programs	339		
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)	4	,	
				٠, '
				`
		.		_
24-	Dear the expensive receive any financial aid or accustoms from a commence to be accessed.			Į
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
ь	Has the organization's right to such aid ever been revoked or suspended?	345	ļ ,	
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
	, ————————————————————————————————————			
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		<u></u> _

Sch	edule A (Form 990 or 990-				04-210585		Page 5
Pε		-	Electing Public Chariti			-	
			an eligible organizatio		ท 5768) NO	T APPLICA	BLE
Che		-	ongs to an affiliated grou	•			
Che	eck ▶ b if yo	ou checked "a" and	d "limited control" provisi	ons apply		7-1	1
		_	ring Expenditures eans amounts paid or inci	urred)	Affil	(a) lated group totals	(b) To be completed for ALL electing organizations
-		_			T25		
36			public opinion (grassroot a legislative body (direct		36		
37	,			iopphilig)	38		
38	Total lobbying expendi	=	and 37)	•	39		
39	Other exempt purpose		Unac 29 and 20\	•	40		<u> </u>
40	Total exempt purpose			a tabla	40		-
41	If the amount on line		amount from the followin e lobbying nontaxable a			_	
			• •	7]	4	
	Not over \$500 000	•	% of the amount on line 40	F F 000]		
	Over \$500,000 but not over	_	00 000 plus 15% of the excess	(41		'
	Over \$1 000 000 but not ov	-	75 000 plus 10% of the excess		41		
	Over \$1 500 000 but not ov		25 000 plus 5% of the excess o	over \$1,500,000			
40	Over \$17 000,000 Grassroots nontaxable		000,000	.)	42		
42			line 42 is more than line		42		
43			line 42 is more than line	•	44		
44	Subtract line 41 from t	ille 30 Eliter -0- il	mie 41 is more man mie			······································	
	Caution If there is on	amount on aither	line 43 or line 44, you mu	et file Form 4720			
	Caution if there is an		ear Averaging Period	_	501(b)		1
	(Some organizati		section 501(h) election de			e five columns	helow
	(Some organizat		actions for lines 45 through				Delow
		Oce the matri					-
		}	Lobbying Expend	litures During 4	-Year Avera	ging Perıod	
_	Calendar year (or fiscal	(a)	(b)	(c)	·	(d)	(e)
	/ear beginning in) ▶	2001	2000	1999		1998	Total
	Lobbying nontaxable						
45	amount .						
	Lobbying ceiling amount					·	
46	(150% of line 45(e))						
7.5	(10070 OF III)O 40(0))				···	-	
47	Total lobbying expenditures						
<u> </u>	Grassroots nontaxable					-	
48	amount						
	Grassroots ceiling amount	· · · · · · · · · · · · · · · · · · ·					
49	(150% of line 48(e))		_	1	,		
.1	Grassroots lobbying						
50	expenditures]
		ctivity by Nonel	ecting Public Charities	S			
			nizations that did not co		A) (See pag	e 12 of the in	istructions)
Dur			fluence national, state or loc				
			matter or referendum, throu		• ,	Yes No	Amount
	Volunteers	-				x	.` ^
		nent (Include com:	ensation in expenses rep	orted on lines c t	hrough h)	. х	
	Media advertisements		- · · · · · · · · · · · · · · · · · · ·	. ,	3 ,	x	1
	Mailings to members,	~	public		stmt 22		62,104
	Publications, or publish	=			ACTION EXCHANGE	x	1 2 7 2 0 3
f	Grants to other organi			• • • • •	• • •	x x	
, 9	· · · · · · · · · · · · · · · · · · ·	=	s, government officials, o	or a legislative bor	lv Simar		310,521
_	=		entions, speeches, lecture			~ *	310,321
	Total lobbying expend			, or any outer m		- ' ^	372,625
•	·	•	a statement diving a det	ailed description	of the Johnson	activities	, <u> </u>

<u> эсп</u>	edule A (Form 990 or 990-EZ) 2001	04-2103850
Pa	Information Regarding Transfers To Exempt Organizations (See page 12 of the page	and Transactions and Relationships With Noncharitable of the instructions)
51	Did the reporting organization directly or indirectly el	ngage in any of the following with any other organization described

			owing with any other organization described	in sec	ction
• •	•	on 501(c)(s) organizations) or in sectional ation to a noncharitable exempt organizations.	n 527, relating to political organizations?	Yes	No
(i) Casi		ation to a nonchantable exempt organiz	51a		x
	r assets	•	a(ii		X
b Other tran	•	•• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	<u> </u>	 ^
-		with a noncharitable exempt organization	ь(ї		x
		ncharitable exempt organization	b(ii		x
	tal of facilities, equipment,	• •	b(ıı		x
	nbursement arrangements	•	b(n	_	x
	ns or loan guarantees	• • •	b(v		x
		mbership or fundraising solicitations	b(v		x
		ing lists, other assets, or paid employee	s <u>c</u>		x
d If the answ	ver to any of the above is "Yes	,* complete the following schedule. Column	(b) should always show the fair market value of the	 ;	
		the reporting organization. If the organization			
transaction	or sharing arrangement, sho	w in column (d) the value of the goods, other	assets or services received		
(a)	(b)	(c)	(d)		
Line no	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions and sharing	ırrangem	ents
· - · · · · · · · · · · · · · · · · · ·					
N/A				·	
			· · · · · · · · · · · · · · · · · · ·		
<u>.</u>					
_					
		4 551 4 1 11			
	-	ctly affiliated with, or related to, one or	——————————————————————————————————————		¬
		ode (other than section 501(c)(3)) or in	section 52/?	es	X No
p ii Yes,	complete the following scho				
Na	(a) me of organization	(b) Type of organization	(c) Description of relationship		
		Type or organization	Description of related ship		
N/A					
			.		
	-				
	· · · · · · · · · · · · · · · · · · ·				
_					
				_	
	<u> </u>				
				_	
	_	-			

Schedule B

(Form 990, 990 EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of organization

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see Instructions)

OMB No 1545-0047

2001

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

WOODS HOLE OCEANOGRAP Organization type (check one)	HIC INSTITUTION	04-2105850				
Organization type (check one)						
Filers of	Section:					
Form 990 or 990-EZ	x 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation						
organization can check box(es) f	or both the General rule and a Special rule - see instructions)					
	or poin the General rule and a Special rule - see instructions)					
	Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 contributor (Complete Parts I and II)	or more (in money or				
Special Rules -						
under sections 509(a)() organization filing Form 990, or Form 990-EZ, that met the 33 1/3% (1)/170(b)(1)(A)(vi) and received from any one contributor, during the % of the amount on line 1 of these forms (Complete Parts I and II)					
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)						
scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year)						
Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

chedule B (Form 990 990-EZ or 990-PF) (2001)		Pageto of Part t
ame of or	ganization		Employer Identification number
2000s	HOLE OCEANOGRAPHIC INSTITUTION	<u> </u>	04-2105850
Part I	Contributors (See Specific Instructions)		
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	919 THIRD AVENUE NEW YORK, NEW YORK 10022	2,000,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	THE G UNGER VETLESEN FOUNDATION 1 ROCKEFELLER PLAZA, SUITE 301 NEW YORK, NEW YORK 10020-2102	1,100,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3_	THE STANLEY W WATSON FOUNDATION P O BOX 173 WOODS HOLE, MA 02543-0173	1,000,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	SIDNEY J WEINBERG, JR FOUNDATION 85 BROAD STREET, SECOND FLOOR NEW YORK, NEW YORK 10004	1,000,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	ANONYMOUS	14,025,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7_	ANONYMOUS	9,834,851	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)

	Form 990 990-EZ, or 990-PF) (2001)	Te	Page to of Part II
Name of org		Employe	er identification number
	OLE OCEANOGRAPHIC INSTITUTION		04-2105850
Part II	Noncash Property (See Specific Instructions)		
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5_	STOCK		06/30/2001
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a)			
No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_ _ _	
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Form 8868

(December 2000)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

• If :	you are fi	ling for an Aut	tomatic 3-M	onth Extension, co	mplete only Part I	and check this box			▶ 🕱
• If 3	you are fi	ling for an Add	ditional (not	automatic) 3-Mon	th Extension, comp	olete only Part II (o	n page 2 of thi	s form)	
	e Dono: m 8868	t complete Pa	rt II unless y	rou have already be	een granted an auto	omatic 3-month ext	ension on a p	reviously fi	iled
Pa	rt I	Automatic 3	-Month Ex	tension of Time -	— Only submit orig	inal (no copies ne	eded)		
					month extension —		•	l only	▶ □
All o	ther corp	orations (includ	ding Form 99	0-C filers) must use	Form 7004 to reque	st an extension of til	me to file ıncor	ne tax retur	ns
Part	nerships,	REMICs and	trusts must u	ise Form 8736 to red	quest an extension o	f time to file Form 10	065, 1066, or i	1041	
Туре	or	Name of Exem	pt Organization	1			Employer id	entification r	number
print		WOODS HO	LE OCEANO	GRAPHIC INSTI	TUTION		04-21058	350	
File b	y the	Number, street	, and room or s	suite no If a PO box, si	e instructions				
_	ate for	569 OYST	ER POND R	OAD					
filing :	See	City, town or po	ost office, state	, and ZIP code For a fo	reign address, see instr	uctions			
เกรtru	ctions	WOODS HO	LE, MA 0	2543					
Che	ck type c			separate application	for each return)				
x F	om 990		1	Form 990-T (cor	poration)		☐ Form 4720)	
=	orm 990		į		: 401(a) or 408(a) tr	ust)	 Form 5227	,	
ΠF	orm 990	-EZ	į		st other than above)	i	 Form 6069)	
Π̈́F	orm 990	-PF	į	Form 1041-A	•		Form 8870)	
<u></u>	he organ	zation does ne	ot have an of		ness in the United St	ates, check this box			
	_				digit Group Exemption			If this	ıs —
					he group, check this		h a list with the		
		embers the ext				- <u></u>			
1	Lrequest	t an automatic	3-month (6-	month for 990-T co	rporation) extension	n of time until	August 1	 5 .20	0 02
-					n named above The				,
		alendar year 2		· ·			J		
	_	_			, 20, and e	endina.		, 20 _	
	-	ax year beginn	g		, 20, and e	<u> </u>		, 20 _	
2	If this tax	x year is for les	ss than 12 m	onths, check reason	🔲 Initial return	Final return	Change	n accounting	у репоd
_	16.45		F	. 000 DE 000 T 1	700 · 0000 · · ·				
3a	•	•			'20, or 6069, enter th	ne tentative tax, less	any		
		idable credits						3	NONE
D	•	•		r or 990-1, enter an ayment allowed as a	y refundable credits :	and estimated tax pa	ayments	·	MONTE
_		• •	•	-		form or if someon	danasit	-	NONE
С					ir payment with this onic Federal Tax Pa				
	instruction		required, by	using Er 11 5 (Electi	Offici ederar fax ra	yment System) Sec	,	\$	0.00
	THOU COLLE		 ·	Signatu	re and Verificatio			-	
		f perjury I declare lete and that I am		nined this form including	accompanying schedules		he best of my know	wledge and bel	lef it is true
		i/	<i>~</i>	/ 1					
Signati	ura le	Wesa.	1/:1	11.11	Titon CD3		Data N	5/01/200	12
Signati		74.0012	72 V	[1144]	Title▶ CPA		Date V	5/01/200	
or P	aperwork i	Reduction Act	iotice, see Ins	truction				Form 8868	(12-2000)

04-2105850

FORM	990,	PART	Ι	-	OTHER	INVESTMENT	INCOME
						<u></u>	

NT
38,737.
39,183.
99,554.

Woods Hole Oceanographic Institution EIN 04-2105850 FYE 12/31/01

Gain/Loss on Sale of Assets other than Inventory Form 990, page 1, line 8 (c)

Description	Proceeds	Cost	Gain/Loss
Vanous Secunties	196,762,576	195,908,734	853,842
Capital Gain Dividends	381,063		381,063
	197,143,639	195,908,734	1,234,905

FORM 9	990,	PART	I -	- (OTHER	INCREASES	IN	FUND	BALANCES
	====		===	===					

AMOUNT DESCRIPTION

CHANGE IN PREPAID PENSION COST 2,566,404.

> 2,566,404. TOTAL =========

32,634,138.

FORM 99	0, PART	I -	- OTHER	DECREASES	IN	FUND	BALANCES
	=======	===			====	=====	

DESCRIPTION AMOUNT ~----OTHER NON OPERATING EXPENSES 204,956. 32,429,182. UNREALIZED LOSSES

LATOT

ORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

ECIPIENT NAME AND ADDRESS

RANTS PAID

ELLOWSHIPS/SCHOLARSHIPS

TOTAL CONTRIBUTIONS PAID

5,144,017

AMOUNT

5,144,017

STATEMENT 4

2001
Depreciation and Amortization Detail Form 990, page 2, line 42

Asset Description	Cost or Other Basis	Method of Depreication	Accumulated Depreciation	Net Book Value
Land, building and improvements	58,416,408	S/L	32,191,071	26,225,337
Vessels and dock facilities	3,186,277	S/L	403,668	2,782,609
Lab and other equipment	12,687,970	S/L	8,716,836	3,971,134
Work in Process	1,714,908 76,005,563	ı	41,311,575	1,714,908 34,693,988

3,683,710

Depreciation Expense

STATEMENT 4A

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!			
OTHER ADMINISTRATIVE EXPENSES	10439873.	9,219,639.	785,029.	435,205.
CONTRACT SERVICES	262,449.	234,473.	12,702.	15,274.
MISCELLANEOUS	1,222,778.		1,184,920.	37,858.
CONSULTING	820,872.	56,752.	727,143.	36,977.
UTILITIES	75,388.	2,649.	72,739.	NONE
INSURANCE	148,427.	139,360.	. 790,6	NONE
SHIP USEAGE	20002511.	20002511.	NONE	NONE
				1111111
TOTALS	32972298.	29655384.	2,791,600.	525,314.
		\$) \$) \$) \$) \$) \$) \$)		

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FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

OCEANOGRAPHIC RESEARCH AND EDUCATION

SERVICE ACCOMPLISHMENTS	
SERVICE	
T OF PROGRAM	
OF	1
STATEMENT	
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PART	
RM 990,	
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FORM 990	RM 990, ========	, PART	1 1 1	- -	I - STATEMENT OF ====================================	T OF	F PROGRAM	SERVICE	' PROGRAM SERVICE ACCOMPLISHMEN
DESCRIPTION	[PTIC	Z							

	ROM		CED	
SPONSORED AND INSTITUTIONAL RESEARCH IN OCEANOGRAPHY AND	RELATED FIELDS. SPONSORED RESEARCH INVOLVED 449 AWARDS FROM		INSTITUTION RESEARCH INVOLVED 60 PROJECTS FROM UNRESTRICTED	
GRAPH	49 AW	ENTS.	UNRE	
CEANO	VED 4	R CLI	FROM	
ONI	INVOL	OTHE	JECTS	
EARCH	ARCH	M 120	SO PRC	
L RES	RESE	6 FRC	VED 6	
TIONA	SORED	ND 22	INVOL	
STITU	SPON	IES A	ARCH	
NI ON	LDS.	AGENC	RESE	
RED A	D FIE	ERAL	UTION	
PONSC	ELATE	21 FEDERAL AGENCIES AND 226 FROM 120 OTHER CLIENTS.	TITSN:	FUNDS.

EDUCATION	EDUCATION JOINT GRADUATE PROGRAM WITH M.I.T. IN THE MARINE
	ENKOLLED FOR THE CO-OL ACADEMIC LEAK; ILS
STODENIS.	AUDITIONAL PROGRAMS IN SUPPORT OF 49
POSTDOCTOR	POSTDOCTORAL SCHOLARS, ZZ SUMMER STUDENTS, AND S8 GUEST
STUDENTS.	

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91,958,658.

4,783,936.

EXPENSES

GRANTS AND ALLOCATIONS

98,598,932.	
5,144,017.	

WOODS HOLE OCEANOGRAPHIC INSTITUTION

04-2105850

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

	ENDING
DESCRIPTION	BOOK VALUE
DEFERRED CHARGES AND PREPAID EXPENSES SUPPLEMENTAL RETIREMENT PREPAID PENSION	632,799. 6,464,586. 7,196,027.
TOTALS	14,293,412. =============

FORM 990, PART IV - INVESTMENTS - SECURITIES

	ENDING
DESCRIPTION	BOOK VALUE
GODDODAME BOXIDG	20 747 540
CORPORATE BONDS	39,747,540.
SECURITIES & MUTUAL FUNDS	108,384,925.
OTHER SECURITIES	46,321,316.
PUBLICLY TRADED SECURITIES	50,372,975.
US GOVERNMENT SECURITIES	10,706,678.
TOTALS	255,533,434.

WOODS HOLE OCEANOGRAPHIC INSTITUTION

04-2105850

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
REMAINDER TRUSTS CONTRIBUTED ASSETS ANNUITY INVESTMENTS AT MARKET CONTRIBUTED SECURITIES SHORT TERM INVESTMENTS	10,819,303. 3,410,445. 842,067. 2,947. 16,914,043.
TOTALS	31,988,805.

WOODS HOLE OCEANOGRAPHIC INSTITUTION

04-2105850

FORM 990, PART IV - DEFERRED REVENUE

DESCRIPTION	ENDING BOOK VALUE
DEFERRED REVENUE DEFERRED FIXED RATE VARIANCE	7,497,139. 2,196,646.
TOTALS	9,693,785.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: MASSACHUSETTS HEALTH & EDUCATIONAL AUTH.

ORIGINAL AMOUNT: 2,999,214.

INTEREST RATE: 3.750000

DATE OF NOTE: 05/27/1999

MATURITY DATE: 06/01/2010

PURPOSE OF LOAN: CAPITAL PROJECTS

3,921,516. TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE

5,067,952. TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

WOODS HOLE OCEANOGRAPHIC INSTITUTION

04-2105850

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

SUPPLEMENT RETIREMENT RESERVE

6,464,586.

TOTALS

6,464,586.

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION CO	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JAMES E. MOLTZ 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	CHAIRMAN 5	NONE	NONE	NONE
JAMES M. CLARK 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	CHAIRMAN 5	NONE	NONE	NONE
ROBERT B. GAGOSIAN 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	DIRECTOR & PRESIDENT 40	325,220.	. 070, 03	NONE
PETER H. MCCORMICK 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TREASURER 5	NONE	NONE	NONE
EDWIN H. HIAM 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	ASSISTANT TREASURER 5	NONE	NONE	NONE
CAROLYN BUNKER 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	CLERK (09/23-12/31/01) 40	72,554.	19,541.	NONE
ARTHUR YORKE ALLEN 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
RODNEY B. BERENS 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PERCY CHUBB, III 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
WILLIAM C. COX, JR 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
ROBERT A. DAY 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
GAIL E. DEEGAN 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
SYLVIA A. EARLE 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
H. DAVID GREENWAY 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
ROBERT D. HARRINGTON, JR 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
JOSEPH W. HILL, II 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ROBERT F. HOERLE 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
JAMES B. HURLOCK 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
ROBERT L. JAMES 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
ERIC H. JOSTROM 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
WILLIAM J. KEALY 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
PAUL J. KEELER 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
WALTER E. MASSEY 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
NEWTON P. S. MERRILL 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WILLIAM C. MORRIS 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	ENON ENON
RICHARD S. MORSE JR. 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
DAVID G. MUGAR 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
THOMAS D. MULLINS 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
GEORGE F. RUSSELL 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
HARDWICK SIMMONS 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
JOHN M. STEWART 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
RICHARD F. SYRON 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	ы NO N	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
STEPHEN E. TAYLOR 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
THOMAS J. TIERNEY 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
J. CRAIG VENTER 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
THOMAS B. WHEELER 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
JOHN J. WISE 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	ENON N	NONE
ARTHUR ZEIKEL 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5	NONE	NONE	NONE
PAUL CLEMENTE 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	CLERK (01/01-09/23/01)	150,851.	30,643.	NONE
	GRAND TOTALS	548,625.	110,254.	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

THE WHOI POST RETIREMENT MEDICAL BENEFIT PLAN - EXEMPT QUISSETT DEVELOPMENT CORPORATION - NON EXEMPT

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93B	REVENUE FROM JOINT GRADUATE PROGRAM WITH M.I.T. IN THE MARINE SCIENCES. THIS FURTHERS OUR EXEMPT PURPOSE BY ENSURING QUALITY EDUCATION AND TRAINING FOR SCIENTISTS AND ENGINEERS WHO WILL PARTICIPATE IN FUTURE OCEANOGRAPHIC
103C,D	PROCESSES. REVENUE GENERATED FROM THE SALE OF SCIENTIFIC BOOKS AND SOUVENIRS WHICH CONTRIBUTE TO THE ACHIEVEMENT OF THE INSTITUTION'S EXEMPT SCIENTIFIC AND EDUCATIONAL PURPOSES BY STIMULATING AND ENHANCING PUBLIC AWARENESS, INTEREST, AND APPRECIATION OF OCEANOGRAPHY.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

ENDING ASSETS	S NON	NONE
TOTAL INCOME	NONE	NONE
NATURE OF BUSINESS ACTIVITIES	LICENSING	
PERCENTAGE OWNERSHIP INTEREST	100.000000	INCOME
NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	QUISSETT DEVELOPMENT CORP. 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 2543 04-3189654	TOTAL IN

Woods Hole Oceanographic Institute Fiscal Year Ended December 31, 2001 Employer Identification Number 04-2105850 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?

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

Woods Hole Oceanographic Institution Fiscal Year ended December 31, 2001

Employer Identification Number 04-2105858

Name and Title	Address	Description of Transaction	Amount	Authorization Procedure
Boston College	140 Commonwealth Ave Chestnut Hill, MA 02467	Performance of subcontracted research	135,730	Administrative Approval Administrative Approval
Alchard F Syron Trustee				
Carnell University	Spansored Funds Accounting PO Box 22 lihaca NY 14851 0022	Subcontracted Research Performance of subcontracted research	28,583 93169 55	Administrative Approval Administrative Approval
James M Clark, President				
Englehard Corporation	101 Wood Avenue	Scientific Equipment	3993 2	Adminisirative Approval
Reuben F Richards				
Harbor Branch Oceanographic institute	5800 Old Dixie Highway Fort Pierce FL 33450	Performance of subcontracted research	905	Administrativė Approval Administrativė Approval
George K Moss Trustee				
Marine Biological Laboratory	7 MBL Street Woods Hole, MA 02543	WHOVMBL Joint Research Library Ops Contracted Research	428 113 262 558	Administrative Approval Administrative Approval
James M Clark President William C Cox Jr, Trustee Walter E Massey Trustee		Partormance of subcontracted research	520,655	During Spiral
			15,329	Administrative Approval
Massachusetts Eye & Ear Infirmary	12 Charles Circle Boston MA 02114	Laboratory procedures		Administrative Approval
Weston Howland Jr Trustee				
Massachusetts Institute of Technology	77 Massachusetts Ave	WHOUMIT Tulton & Student Costs Settlement Contracted Research	16 672 300 013	Administrative Approval Administrative Approval
Breene M Kerr Trustee		Performance of subcontracted research	583 881	Administrative Approvar
Mystic Seaport Museum	54 Coogan Blvd Myslic CT 06355	Performance of subcontracted research	31 271	Administrative Approvat
Daniel S Gregory Sr Trustee James B Hurlock Trustee Percy Chubb, III Trustee				
Museum of Science	Science Park Boston, MA 02114	Parking and space fental	920	Administralive Approval

Louis W Cabot Honorary Trustee Peter H McCormick Treasurer David G Mugar Trustee

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Neme and Title	Address	Description of Transaction	Amount	Authorization Procedura
New England Aquarium	Central Whart	Subcontracted Research	61875 98	Administrative Approval
Weston Howland, Jr Trustee John F Magee, Honorary Trustee	Boston MA 02110			
Naw York Yacht Club	37 West 44th St	2001 Dues Stuermer	2249 27	Administrative Approvat
Robert James Trusiee	New York NY 10036			
Northeastern University	Huntington Avenue	Subcontracted Research	8241	Administrative Approval
Louis W Cabol Hongrary Trustee	Bosion MA 02115	Periormance of subconfracted research	CB /BC171	Administrative Approval
Ocean Futures Society	325 Chapala Streel	Performance of subconfracted research	2,000	Administrative Approval
Sylvia A Earle Trustee	Santa Barbara ("A 9310)			
The Woods Hole Group		Technical services	2200	Administrative Approval
David G Mugar, Trustee	E Faimouin MA 02556	renomance of succonfractor research	/I cn12	Administrative Approver

Balance Due	\$7,098 92 9,728 08	0000
Aggregrate Repayment through 2001	\$2,719 08 637 92	1,579 93 4,550 00 4,550 00 4,182 00 3,225 00
Repaid in 2001	\$1,963 78 637 92	1,516 73 3,290 00 3,605 00 3,860 30 3,225 00
Amount <u>Borrowed</u>	\$9,818 00 10,366 00	1,579 93 4,550 00 4,550 00 4,182 00 3,225 00
Date <u>of Loan</u>	8/1/2000 8/31/2001	11/27/2000 8/3/1999 11/29/1999 7/27/2000 12/14/2000
Type of Loan	Education Loan 1 Education Loan 2	Computer Loan Education Loan 1 Education Loan 2 Education Loan 3 Education Loan 4
Name	Robert Gagosian Robert Gagosian	Paul Clemente Paul Clemente Paul Clemente Paul Clemente Paul Clemente

04-2105850

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE PART V, FORM 990

SCHEDULE A, PART III - EXPLANATION FOR LINE 4

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, FINACIAL NEED, AND OTHER SIMILAR STANDARDS

SCHEDULE A, PART IV-A - OTHER INCOME

1998 TOTAL	NONE NONE 5,216. 5,351. 393,458.	NONE NONE 458,025.
1999	1,550. 5,351. 208,549.	215,450.
2000	57,666. NONE 184,909.	242,575.
DESCRIPTION	ROYALTY & LICENSING FEES VENDING MACHINES INFORMATION CENTER	TOTALS