

ENVELOPE
POSTMARK DATE AUG 06 2003

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)

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

OMB No. 1545-0047

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2002 calendar year, or tax year beginning , 2002, and ending

B Check if applicable:

☐ Address change

☐ Name change

☐ Initial return

☐ Final return

☐ Amended return

☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
WOODS HOLE OCEANOGRAPHIC INSTITUTION

Number and street (or P O box if mail is not delivered to street address) Room/suite
569 WOODS HOLE ROAD, MS 14

City or town state or country and ZIP + 4
WOODS HOLE, MA 02543

D Employer identification number
04-2105850

E Telephone number
(508) 457-2000

F Accounting method ☐ Cash ☒ Accrual
Other (specify) ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes" enter number of affiliates ► **N/A**

H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No" attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN ► **N/A**

M Check ☐ if the organization is not required to attach Sch B (Form 990 990-EZ or 990-PF)

G Web site ► **WWW.WHOI.EDU**

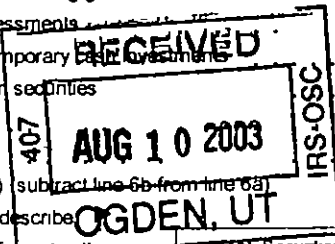
J Organization type (check only one) ☒ 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25 000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 ► **375,896,430.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	10,856,777.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 10,059,651. noncash \$ 797,126)	1d	10,856,777		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	106,840,189		
3	Membership dues and assessments	3			
4	Interest on savings and temporary investments	4	595,348.		
5	Dividends and interest from securities	5	3,087,215.		
6 a	Gross rents	6a	683,358.		
b	Less rental expenses	6b	527,772		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	155,586.		
7	Other investment income (describe below)	7			
8 a	Gross amount from sales of assets other than inventory (A) Securities (B) Other	8a			
b	Less cost or other basis and sales expenses	8b			
c	Gain or (loss) (attach schedule)	8c	-7,635		
d	Net gain or (loss) (combine line 8c columns (A) and (B))	8d	246,773		
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII line 103)	11	1,109,619		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	122,891,507.		
13	Program services (from line 44, column (B))	13	108,967,274.		
14	Management and general (from line 44, column (C))	14	4,454,253.		
15	Fundraising (from line 44, column (D))	15	1,980,070		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	115,401,597.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	7,489,910.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	336,961,460.		
20	Other changes in net assets or fund balances (attach explanation)	20	-53,687,593.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	290,763,777.		



SCANNED
Revenue
AUG 14 '03

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2002)

17NE

Part II Statement of Functional Expenses

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 charitable trusts but optional for others. (See page 21 of the instructions.)

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 \$ 6,056,615 noncash \$)	22 6,056,615	6,056,615	STMT 2	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 467,204		467,204	
26 Other salaries and wages	26 35,942,346	35,085,046	93,636	763,664
27 Pension plan contributions	27			
28 Other employee benefits	28 8,003,330	7,496,934	235,334	271,062
29 Payroll taxes	29 106,620		106,620	
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 15,962,381	15,153,412	616,949	192,020
34 Telephone	34 294,687	268,840	18,089	7,758
35 Postage and shipping	35 776,446	755,177	2,628	18,641
36 Occupancy	36 219,700	108,429	111,271	
37 Equipment rental and maintenance	37 4,991,862	4,944,114	32,883	14,865
38 Printing and publications	38 381,504	302,214	41,717	37,573
39 Travel	39 3,269,345	3,089,944	106,572	72,829
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 3,590,587	3,254,405	299,201	36,981
43 Other expenses not covered above (itemize) STMT 3	43a 35,338,970	32,452,144	2,322,149	564,677
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 115,401,597	108,967,274	4,454,253	1,980,070

Joint Costs Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

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 page 24 of the instructions.)

What is the organization's primary exempt purpose? STMT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a STMT 5	(Grants and allocations \$ 5,646,582)	101,587,209
b STMT 5	(Grants and allocations \$ 410,033)	7,380,065
c	(Grants and allocations \$)	
d	(Grants and allocations \$)	
e Other program services (attach schedule)	(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		108,967,274

Part IV Balance Sheets (See page 24 of the instructions)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing			27,407,027	45	16,015,921
46	Savings and temporary cash investments				46	
47a	Accounts receivable	STMT 5A	47a 23,888,208			
b	Less allowance for doubtful accounts		47b	7,312,496	47c	23,888,208
48a	Pledges receivable		48a 4,463,055			
b	Less allowance for doubtful accounts		48b	1,837,433	48c	4,463,055
49	Grants receivable				49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51a	Other notes and loans receivable (attach schedule)		51a			
b	Less allowance for doubtful accounts		51b		51c	
52	Inventories for sale or use			1,338,200	52	1,490,021
53	Prepaid expenses and deferred charges			14,293,412	53	7,709,226
54	Investments - securities (attach schedule) STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			255,533,434	54	231,262,026
55a	Investments - land, buildings, and equipment basis		55a			
b	Less accumulated depreciation (attach schedule)		55b		55c	
56	Investments - other (attach schedule)				56	
57a	Land, buildings, and equipment basis		57a 84,111,953			
b	Less accumulated depreciation (attach schedule) STMT 2.A		57b 45,009,763	34,693,988	57c	39,102,190
58	Other assets (describe STMT 8)			31,988,805	58	31,389,010
59	Total assets (add lines 45 through 58) (must equal line 74)			374,404,795	59	355,319,657
60	Accounts payable and accrued expenses			16,217,012	60	31,917,678
61	Grants payable				61	
62	Deferred revenue			9,693,785	62	7,016,121
63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a	Tax-exempt bond liabilities (attach schedule)				64a	
b	Mortgages and other notes payable (attach schedule) STMT 10			5,067,952	64b	8,045,162
65	Other liabilities (describe STMT 11)			6,464,586	65	17,576,919
66	Total liabilities (add lines 60 through 65)			37,443,335	66	64,555,880
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
67	Unrestricted			103,882,474	67	83,054,712
68	Temporarily restricted			180,225,206	68	146,433,815
69	Permanently restricted			52,853,780	69	61,275,250
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
70	Capital stock, trust principal, or current funds				70	
71	Paid-in or capital surplus, or land, building, and equipment fund				71	
72	Retained earnings, endowment, accumulated income, or other funds				72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			336,961,460	73	290,763,777
74	Total liabilities and net assets / fund balances (add lines 66 and 73)			374,404,795	74	355,319,657

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.

Part VI Other Information (See page 27 of the instructions)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization: <u>Statement 19</u>		
and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct or indirect political expenditures. See line 81 instructions	81a	NONE
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>NONE</u> , section 4912 <u>NONE</u> , section 4955 <u>NONE</u>		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d Enter Amount of tax on line 89c, above, reimbursed by the organization		NONE
90 a List the states with which a copy of this return is filed <u>MA, NY</u>		
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	965
91 The books are in care of <u>STACEY L MEDEIROS, CONTROLLER</u> Telephone no <u>(508) 291-2365</u>		
Located at <u>MS 14, WOODS HOLE, MA</u> ZIP + 4 <u>02543</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u> <u>N/A</u>		

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <u>RESEARCH</u>			20	98,282,757	
b <u>EDUCATION</u>					8,557,432.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	595,348.	
96 Dividends and interest from securities			14	3,087,215.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	155,586.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory	525990	-7,635.	18	254,408.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b <u>LICENSING FEES</u>			15	607,986.	
c <u>INFO CENTER INCOME</u>					283,189.
d <u>OTHER</u>					218,444.
e _____					
104 Subtotal (add columns (B), (D) and (E))		-7,635		102,983,300	9,059,065
105 Total (add line 104, columns (B), (D), and (E))					112,034,730.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	
	STMT 20

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(A) Name, address, and EIN of corporation partnership or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 21	%		NONE	NONE
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Carolyn Bunker 1/5/10/03
Date

CLERK / CFO

Date 7 Check if ☐ Preparer's SSN or PTIN (See Gen. Inst. W)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2002

Name of the organization

Employer identification number

WOODS HOLE OCEANOGRAPHIC INSTITUTION

04-2105850

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")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
WILLIAM JENKINS 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	SR SCIENTIST 40 HRS/WK	195,689.	54,697	* 1,275.
JAMES LUYTEN 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	EXEC VP & DIRECTOR OF RESEARCH 40 HRS/WK	176,745.	54,108.	NONE
JOHN HAYES 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	SR SCIENTIST 40 HRS/WK	151,744	47,400.	NONE
JOHN FARRINGTON 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	VP ACADEMICS 40 HRS/WK	152,196.	48,485	NONE
STANLEY HART 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	SR SCIENTIST 40 HRS/WK	156,937.	40,440.	NONE
Total number of other employees paid over \$50,000	439			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ELLENZWEIG ASSOCIATES, INC. 1280 MASSACHUSETTS AVE, CAMBRIDGE, MA SKANSKA USA BUILDING 270 CONGRESS ST, BOSTON, MA 02210	ARCHITECTS	543,158.
HILL AND KNOWLTON, INC. PO BOX 8500-4445, PHILADELPHIA, PA 19178	PROJECT MANAGEMENT	315,799
PRICKWATERHOUSECOOPERS, LLP PO BOX 3026, BOSTON, MA 02241-3026	CONSULTING SERVICES	273,667.
PAYNE ENGINEERING & FABRICATION CO, INC. PO BOX 520, CANTON, MA 02021	ACCOUNTING SERVICES	211,453.
	ENGINEERING SERVICES	176,603.
Total number of others receiving over \$50,000 for professional services	7	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2002

JSA
2E1210 1 000

* QUALIFIED MOVING EXPENSE

7377 07/28/2003 10:55:23 V02-6.2

Part III Statements About Activities (See page 2 of the instructions)

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ 277,451 (Must equal amounts on line 38, Part VI-A, or line 1 or Part VI-B) **STMT 22**

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) **STMT 22A**

a Sale, exchange, or leasing of property? **2a** **X**

b Lending of money or other extension of credit? **2b** **X**

c Furnishing of goods, services, or facilities? **2c** **X**

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **2d** **X**

e Transfer of any part of its income or assets? **2e** **X**

- 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? **4** **X**

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments **STMT 23**

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The 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, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a ☒ 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)
- 11b ☐ 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 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 acquired 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 organizations 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)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting***Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	28,974,750.	15,067,685.	7,585,085.	73,375,959.	125,003,479.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	97,563,386.	85,844,088.	77,448,456.	208,379,656.	469,235,586.
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	4,786,045.	4,037,278.	4,492,114.	3,316,638.	16,632,075.
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 without charge. Do not include the value of services or facilities generally furnished to the public without charge.				395,776.	395,776.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	STMT 24 NONE	242,575.	215,450.	NONE	458,025.
23 Total of lines 15 through 22	131,324,181.	105,191,626.	89,741,105.	285,468,029.	611,724,941.
24 Line 23 minus line 17	33,760,795.	19,347,538.	12,292,649.	77,088,373.	142,489,355.
25 Enter 1% of line 23	1,313,242.	1,051,916.	897,411.	2,854,680.	
26 Organizations described on lines 10 or 11. a Enter 2% of amount in column (e) line 24.					26a 2,849,787.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 8,080,818.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 142,489,355.
d Add: Amounts from column (e) for lines 18 16,632,075. 19 _____ 22 458,025. 26b 8,080,818.					26d 251,709.18
e Public support (line 26c minus line 26d total)					26e 117,318,437.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 82.3349 %
27 Organizations described on line 12. a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2001) _____ (2000) _____ (1999) NOT APPLICABLE (1998) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add: Line 27a total _____ and line 27b total _____					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

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)

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

- Check ☐ **a** if the organization belongs to an affiliated group
- Check ☐ **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500 000 20% of the amount on line 40 Over \$500 000 but not over \$1,000 000 \$100,000 plus 15% of the excess over \$500 000 Over \$1 000 000 but not over \$1,500 000 \$175,000 plus 10% of the excess over \$1 000 000 Over \$1 500 000 but not over \$17 000 000 \$225 000 plus 5% of the excess over \$1 500,000 Over \$17 000 000 \$1 000 000		41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44 you must file Form 4720**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 on page 11 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		Yes	No	Amount
a	Volunteers		X	
b	Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c	Media advertisements		X	
d	Mailings to members, legislators, or the public	X		5,111 22
e	Publications, or published or broadcast statements		X	NONE
f	Grants to other organizations for lobbying purposes		X	NONE
g	Direct contact with legislators, their staffs, government officials, or a legislative body	X		227,727
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	NONE
i	Total lobbying expenditures (Add lines c through h)			277,451

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule A (Form 990 or 990-EZ) 2002

WOODS HOLE OCEANOGRAPHIC INSTITUTION

04-2105850

FOR YEAR END 12/31/2002

FORM 990, PART I, GAIN/(LOSS) FROM SALE OF ASSETS OTHER THAN INVENTORY:

GROSS AMOUNT FROM SALES OF INVESTMENTS	252,731,559
LESS: COST OR BASIS	<u>(252,477,151)</u>
NET GAIN/(LOSS) FROM SALE OF INVESTMENTS	<u>254,408</u>
PARTNERSHIP LOSS	<u>(7,635)</u>
TOTAL GAIN/(LOSS)	<u><u>246,773</u></u>

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
OTHER NON OPERATING EXPENSES	668,567.
UNREALIZED LOSSES	36,531,361.
CHANGE IN SPLIT INTEREST AGREEMENTS	1,252,598.
CHANGE IN ADDITIONAL PENSION MINIMUM LIABILITY	5,975,263.
CHANGE IN PREPAID PENSION COST	1,233,787.
DISTRIBUTION IN EXCESS OF INCOME EARNED	8,026,017.

TOTAL	53,687,593.
	=====

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

RECIPIENT NAME

AMOUNT

GRANTS PAID

FELLOWSHIPS/SCHOLARSHIPS

6,056,615

TOTAL CONTRIBUTIONS PAID

6,056,615

WOODS HOLE OCEANOGRAPHIC INSTITUTION

04-2105850

FOR YEAR END 12/31/2002

FORM 990, PART II, LINE 42 AND PART IV, LINE 57:

	2002	2001
Property, plant and equipment		
Land buildings and improvements	62,363,781	58,416,408
Vessels and dock facilities	3,474,118	3,186,277
Laboratory and other equipment	14,485,199	12,687,970
Construction in process	<u>3,788,855</u>	<u>1,714,908</u>
	84,111,953	76,005,563
Accumulated depreciation	<u>(45,009,763)</u>	<u>(41,311,575)</u>
Net property, plant and equipment	<u>39,102,190</u>	<u>34,693,988</u>

DEPRECIATION EXPENSE FOR THE PERIOD ENDED 12/31/2002 WAS
\$3,590,587

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
OTHER ADMINISTRATIVE EXPENSES	11586983.	9,069,363.	2,062,582.	455,038.
CONTRACT SERVICES	374,476.	353,453.	12,284.	8,739.
CONSULTING	494,489.	162,042.	231,547.	100,900.
UTILITIES	11,119.	2,133.	8,986.	
INSURANCE	178,744.	171,994.	6,750.	
SHIP USAGE	22693159.	22693159.		
TOTALS	35338970.	32452144.	2,322,149.	564,677.

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

=====

OCEANOGRAPHIC RESEARCH AND EDUCATION

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
-----	-----	-----
SPONSORED AND INSTITUTIONAL RESEARCH IN OCEANOGRAPHY AND RELATED FIELDS. SPONSORED RESEARCH INVOLVED 451 AWARDS FROM 21 FEDERAL AGENCIES AND 295 FROM 130 OTHER CLIENTS. INSTITUTION RESEARCH INVOLVED 53 PROJECTS FROM UNRESTRICTED FUNDS.	5,646,582.	101,587,209
EDUCATION JOINT GRADUATE PROGRAM WITH M.I.T. IN THE MARINE SCIENCES. ENROLLED FOR THE 01-02 ACADEMIC YEAR, 126 STUDENTS. ADDITIONAL PROGRAMS IN SUPPORT OF 15 POSTDOCTORAL SCHOLARS, 24 SUMMER STUDENTS, AND 33 GUEST STUDENTS.	410,033.	7,380,065.
TOTAL	6,056,615.	108,967,274.
	=====	=====

WOODS HOLE OCEANOGRAPHIC INSTITUTION
04-2105850
FOR YEAR END 12/31/2002

FORM 990, PART IV, EXPLANATION FOR LINE 47(c):

Clark Laboratory Fire

In October 2002, the Institution experienced a fire in the Clark Laboratory Building which resulted in contamination and damage to several laboratories, clean rooms and equipment. Since October, the Institution has been coordinating with its insurance carrier and other interested parties to identify and quantify the damage caused by the fire. At December 31, 2002, the Institution has recorded a receivable due from the insurance company of approximately \$13,259,000 to reflect the estimated insurance proceeds to cover the cost of renting temporary clean laboratories, repairing the laboratories, and cleaning and repairing or replacing damaged or destroyed equipment. Additionally, the Institution has established an accrual of approximately \$14,859,000 to estimate the costs to be paid in fiscal year 2003 associated with the fire. Included in the accrual but not covered by insurance is approximately \$1,500,000 relating to displaced employees' salaries, fringe benefits and general and administrative costs as well as \$100,000 associated with renting temporary clean laboratories. The total amount not covered by insurance of \$1,600,000 has been reflected as a loss on the fire and included in other expenses in the statement of activities. The estimated amounts relating to the fire are subject to revision as more information becomes available.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED CHARGES AND PREPAID EXPENSES	632,799.	999,204.
SUPPLEMENTAL RETIREMENT	6,464,586.	5,494,326.
PREPAID PENSION	7,196,027.	788,826.
DEFERRED FIXED RATE VARIANCE	NONE	426,870.
	-----	-----
TOTALS	14,293,412.	7,709,226.
	=====	=====

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
CORPORATE BONDS	39,747,540.	53,238,160.
SECURITIES & MUTUAL FUNDS	108,384,925.	89,751,465.
OTHER SECURITIES	46,321,316.	38,794,887.
PUBLICLY TRADED SECURITIES	50,372,975.	49,477,514.
US GOVERNMENT SECURITIES	10,706,678.	NONE
	-----	-----
TOTALS	255,533,434.	231,262,026.
	=====	=====

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
REMAINDER TRUSTS	10,819,303.	9,395,272.
CONTRIBUTED ASSETS	3,410,445.	3,410,445.
ANNUITY INVESTMENTS AT MARKET	842,067.	763,965.
CONTRIBUTED SECURITIES	2,947.	2,777.
SHORT TERM INVESTMENTS	16,914,043.	6,318,027.
INTANGIBLE PENSION ASSET	NONE	11,498,524.
	-----	-----
TOTALS	31,988,805.	31,389,010.
	=====	=====

FORM 990, PART IV - DEFERRED REVENUE

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED REVENUE	7,497,139.	7,016,121.
DEFERRED FIXED RATE VARIANCE	2,196,646.	NONE
	-----	-----
TOTALS	9,693,785.	7,016,121.
	=====	=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

On May 27, 1999, the Institution entered into a \$3,000,000 loan agreement with the Massachusetts Health and Educational Facilities Authority (the "Authority") to finance various capital projects. On January 31, 2000, the agreement was amended to increase the maximum loan commitment to \$6,000,000. As of December 31, 2002, \$5,485,951 had been drawn down on the loan and was outstanding at year-end. The Institution is required to pay interest on the drawdowns at a variable rate established by the Authority, which was 1.000% at December 31, 2002. The final drawdown has not yet occurred. Once a final drawdown has occurred, a schedule of principal payments will be established by the Authority. The final payment is due on July 1, 2010.

On March 1, 2001, the Institution entered into an \$11,000,000 loan agreement with the Authority to finance additional capital projects. As of December 31, 2002, \$2,559,211 had been drawn down on the loan and was outstanding at year-end. Drawdowns are expected to occur during an eighteen-month period. During this period, no principal payments are due on the loan, but the Institution is required to pay interest on the drawdowns at a variable rate established by the Authority, which was 1.000% at December 31, 2002. Once the final drawdown has occurred or the eighteen-month period has lapsed, a schedule of principal payments will be established by the Authority until the final payment due on July 1, 2010.

The loan agreements have covenants, the most restrictive of which requires the Institution to maintain unrestricted net assets at a market value equal to at least 1.0x outstanding indebtedness.

The Institution's variable rate debt approximates fair value. Fair value is based on estimates using current interest rates available for debt with equivalent maturities.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
SUPPLEMENT RETIREMENT RESERVE	6,464,586.	5,494,326.
ACCRUED PENSION LIABILITY	NONE	12,082,593.
	-----	-----
TOTALS	6,464,586.	17,576,919.
	=====	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION -----	AMOUNT -----
RENTAL EXPENSES	527,772.

TOTAL	527,772.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION -----	AMOUNT -----
RENTAL EXPENSES	527,772.

TOTAL	527,772.
	=====

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
JAMES E. MOLTZ 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	CHAIRMAN OF THE BOARD 5 HRS/WK	NONE	NONE	NONE
JAMES M. CLARK 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	CHAIRMAN OF THE CORPORATION 5 HRS/WK	NONE	NONE	NONE
ROBERT B. GAGOSIAN 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	DIRECTOR & PRESIDENT 40 HRS/WK	322,204.	78,575.	NONE
PETER H. MCCORMICK 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TREASURER 5 HRS/WK	NONE	NONE	NONE
CAROLYN BUNKER 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	CLERK/CFO 40 HRS/WK	145,000.	38,406.	NONE
ARTHUR YORKE ALLEN 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
RODNEY B. BERENS 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
PERCY CHUBB, III 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE

WOODS HOLE OCEANOGRAPHIC INSTITUTION

04-2105850

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. COX, JR 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
ROBERT A. DAY 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
GAIL E. DEEGAN 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
SYLVIA A. EARLE 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
H.D.S. GREENWAY 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
ROBERT D. HARRINGTON, JR 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
JOSEPH W. HILL, II 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
ROBERT F. HOERLE 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	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
-----	-----	-----	-----	-----
JAMES B. HURLOCK 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
ROBERT L. JAMES 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
ERIC H. JOSTROM 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
WILLIAM J. KEALY 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
PAUL J. KEELER 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
WALTER E. MASSEY 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
NEWTON P.S. MERRILL 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
WILLIAM C. MORRIS 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	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
-----	-----	-----	-----	-----
RICHARD S. MORSE JR. 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
GEORGE F. RUSSELL JR 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
HARDWICK SIMMONS 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
JOHN M. STEWART 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
RICHARD F. SYRON 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
STEPHEN E. TAYLOR 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
THOMAS J. TIERNEY 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
J. CRAIG VENTER 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	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
THOMAS B. WHEELER 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
JOHN J. WISE 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
ARTHUR ZEIKEL 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
MICHELE S. FOSTER 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543	TRUSTEE 5 HRS/WK	NONE	NONE	NONE
GRAND TOTALS		467,204.	116,981.	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

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

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 PROCESSES.
103C, D	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

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

Woods Hole Oceanographic Institute
Fiscal Year Ended December 31, 2002
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, 2002

Employer Identification Number 04 2105858

Name and Title	Address	Description of Transaction	Amount	Authorization Procedure
Boston College				
Richard F. Syron, Trustee	140 Commonwealth Ave Chesnut Hill, MA 02467	Received	\$ 5,518	Administrative Approval
The Boston Globe				
H. David Greenway, Trustee Stephen E. Taylor, Trustee	PO Box 15568 Worcester, MA 01615-0568	Paid	189	Administrative Approval
Cornell University				
James M. Clark, President	Sponsored Funds Accounting, PO Box 22 Ithaca, NY 14851-0022	Paid Received	44,772 43,776	Administrative Approval Administrative Approval
Edwards & Angell, LLP				
Kinaird Howland, Member Audit Committee	101 Federal Street Boston, MA 02110	Paid	13,857	Administrative Approval
Harbor Branch Oceanographic Institute				
George K. Moss, Trustee	5600 Old Dixie Highway Fort Pierce, FL 33450	Received	11,882	Administrative Approval
Harvard University				
J.H. Dow Davis, Member Audit Committee Robert A. Frosch, Honorary Trustee	Office of Sponsored Research Holyoke Center Room 468 1350 Massachusetts Ave Cambridge, MA 02138	Paid Received	18,068 189,458	Administrative Approval Administrative Approval
Marine Biological Laboratory				
James M. Clark, President Walter E. Massey, Trustee J. Craig Ventler, Trustee	7 MBL Street Woods Hole, MA 02543	Paid Received	384,033 355,915	Administrative Approval Administrative Approval
Massachusetts General Hospital				
William C. Cox, Jr., Trustee	PO Box 9111 Ambulatory Care Division Charlestown, MA 02128-9111	Paid	2,716	Administrative Approval Administrative Approval
Massachusetts Institute of Technology				
Breene M. Kerr, Trustee	77 Massachusetts Ave Cambridge, MA 02139	Paid Received	216,404 148,840	Administrative Approval Administrative Approval
Mythic Seaport Museum				
Daniel S. Gregory, Sr., Trustee James B. Hurlock, Trustee	54 Coogan Blvd Mythic, CT 06355	Received	15,898	Administrative Approval
New England Aquarium				
	Central Wharf	Paid	33,757	Administrative Approval

<u>Name and Title</u>	<u>Address</u>	<u>Description of Transaction</u>	<u>Amount</u>	<u>Authorization Procedure</u>
Wesley Howard Jr. Honorary Trustee	Boston MA 02110			
New York Yacht Club	37 West 44th St. New York, NY 10036	Paid	2020 2	Administrative Approval
Robert L. James, Trustee				
Northeastern University	Huntington Avenue Boston MA 02115	Paid Received	58339 118 717	Administrative Approval Administrative Approval
Louis W. Cabot, Honorary Trustee				
Scripps Institute of Oceanography	Central Cashier 9500 Gilman Drive La Jolla CA 92093 0009	Paid Received	309 052 357 872	Administrative Approval
J. Craig Venter, Trustee				
Sea Education Association	PO Box 6 Woods Hole MA 02534	Paid Received	44 160 71 316	Administrative Approval
Sylvia A. Earle, Trustee				
Robert B. Gagosian, President & Director				
Smithsonian Institution	10th & Constitution Ave NW MRC-108 Washington, DC 20560-0106	Paid Received	15189 1000	Administrative Approval Administrative Approval
Thomas D. Mullins, Member Investment Committee				
Additional Disclosures				
Chubb Insurance Company		Nothing paid or received. Excess Property coverage placed with Chubb Insurance Company through a broker		
Percy Chubb III, Trustee				

WOODS HOLE OCEANOGRAPHIC INSTITUTION

04-2105850

FOR YEAR END 12/31/2002

<u>Name</u>	<u>Type of Loan</u>	<u>Date of Loan</u>	<u>Amount Borrowed</u>	<u>Repaid in 2002</u>	<u>Aggregate Repayment through 2002</u>	<u>Balance Due</u>
Robert Gagosian	Education Loan 1	8/1/2000	\$9,818 00	\$4,176 81	\$6,895 89	\$2,922 11
Robert Gagosian	Education Loan 2	8/31/2001	10,366 00	8,233 50	8,871 42	1,494 58

STATEMENT 22B

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, FINANCIAL NEED, AND OTHER SIMILAR STANDARDS.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2001	2000	1999	1998	TOTAL
ROYALTY & LICENSING FEES	NONE	57,666.	1,550.	NONE	59,216.
VENDING MACHINES	NONE	NONE	5,351.	NONE	5,351.
INFORMATION CENTER	NONE	184,909	208,549.	NONE	393,458
OTHER	NONE	NONE	NONE	NONE	NONE
TOTALS	NONE	242,575.	215,450.	NONE	458,025.

Form **8865****Return of U.S. Persons With Respect to
Certain Foreign Partnerships**

OMB No 1545-1668

2002Department of the Treasury
Internal Revenue Service

► **Attach to your tax return. See separate instructions**
 Information furnished for the foreign partnership's tax year
 (see instructions) beginning 06/10/2002 2002, and ending 12/31 20 02

Attachment
Sequence No **118****Important** All information must be in English. All amounts must be in U.S. dollars unless otherwise indicated.

Name of person filing this return WOODS HOLE OCEANOGRAPHIC INSTITUTION		Filer's identifying number 04-2105850
Filer's address (if you are not filing this form with your tax return) 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543		A Category of filer (see Categories of Filers in the instructions and check applicable box(es)) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>
		B Filer's tax year beginning <u>01/01</u> 20 <u>02</u> and ending <u>12/31</u> 20 <u>02</u>

C Filer's share of liabilities: Nonrecourse \$ **NONE** Qualified nonrecourse financing \$ **NONE** Other \$ **NONE**D If filer is a member of a consolidated group but not the parent, enter the following information about the parent: **N/A**

Name	EIN
Address	

E Information about certain other partners (see instructions) **N/A**

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

F1 Name and address of foreign partnership MDCP IV GLOBAL INVESTMENTS, LP C/O KENNETH W REDMAN, THREE FIRST NATIONAL PLAZA, SUITE 3800 CHICAGO, IL 60602		2 EIN (if any) 98-0379475
		3 Country under whose laws organized CAYMAN ISLANDS

4 Date of organization 06/10/2002	5 Principal place of business CAYMAN ISLANDS	6 Principal business activity code number 523900	7 Principal business activity VENTURE CAPITAL	8a Functional currency US DOLLAR	8b Exchange rate (see instr) N/A
---	--	--	---	--	--

G Provide the following information for the foreign partnership's tax year:

1 Name, address, and identifying number of agent (if any) in the United States: MDP IV GLOBAL GP, LP C/O KENNETH W REDMAN, THREE FIRST NATIONAL PLAZA, SUITE 3800, CHICAGO, IL 60602	2 Check if the foreign partnership must file: <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 or 1065-B Service Center where Form 1065 or 1065-B is filed: OGDEN, UTAH
3 Name and address of foreign partnership's agent in country of organization, if any: WALKERS WALKER HOUSE, MARY STREET, P.O. BOX 908GT GEORGE TOWN, GRAND CAYMAN, CAYMAN ISLANDS	4 Name and address of person(s) with custody of the books and records of the foreign partnership and the location of such books and records if different: MDP IV GLOBAL GO, LP C/O KENNETH W REDMAN, THREE FIRST NATIONAL PLAZA, SUITE 3800, CHICAGO, IL 60602

- 5 Were any special allocations made by the foreign partnership? ► ☒ Yes ☐ No
- 6 Number of foreign disregarded entities owned by the partnership (attach list) ► **NONE**
- 7 How is this partnership classified under the law of the country in which it is organized? ► **Limited Partnership**
- 8 Did the partnership own any separate units within the meaning of Regulations section 1.1503-2(c)(3) or (4)? ► ☐ Yes ☒ No
- 9 Does this partnership meet both of the following requirements?
 • The partnership's total receipts for the tax year were less than \$250,000 and
 • The value of the partnership's total assets at the end of the tax year was less than \$600,000
 If "Yes" do not complete Schedules L, M-1, and M-2. ► ☐ Yes ☒ No

Sign Here Only If You Are Filing This Form Separately and Not With Your Tax Return	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.		Date August 1, 2003
	Signature of general partner or limited liability company member <i>Carolyn Bunker</i>		
Paid Preparer Sign and Complete Only If Form Is Filed Separately	Preparer's signature <i>Karen B. Smith</i>	Date 7/31/03	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code PRICEWATERHOUSECOOPERS, LLP ONE POST OFFICE SQUARE, BOSTON, MA 02109	Check if self-employed <input type="checkbox"/>	EIN 13-4008324 Phone no 617-478-5000

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8865** (2002)

Schedule A

Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box b, enter the name, address, and U S taxpayer identifying number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☒ Owns a direct interestb ☐ Owns a constructive interest

Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identifying number (if any)	Check if foreign person

Does the partnership have any other foreign person as a direct partner?

☐ Yes☐ No**Schedule A-2**

Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

Schedule B **Income Statement — Trade or Business Income**

Caution. Include *only* trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a	Gross receipts or sales	1a		1c	
	b	Less returns and allowances	1b			
	2	Cost of goods sold			2	
	3	Gross profit. Subtract line 2 from line 1c			3	
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach schedule)			4	
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			5	
	6	Net gain (loss) from Form 4797, Part II, line 18			6	
	7	Other income (loss) (attach schedule)			7	
	8	Total income (loss). Combine lines 3 through 7			8	
Deductions (see page 8 of the instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)			9	
	10	Guaranteed payments to partners			10	
	11	Repairs and maintenance			11	
	12	Bad debts			12	
	13	Rent			13	
	14	Taxes and licenses			14	
	15	Interest			15	
	16a	Depreciation (if required, attach Form 4562)	16a			
	b	Less depreciation reported on Schedule A and elsewhere on return	16b		16c	
	17	Depletion (Do not deduct oil and gas depletion)			17	
	18	Retirement plans, etc			18	
	19	Employee benefit programs			19	
	20	Other deductions (attach schedule)			20	
	21	Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21	
22	Ordinary income (loss) from trade or business activities. Subtract line 21 from line 8			22		

Schedule D Capital Gains and Losses**Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less**

(a) Description of property (e.g., 100 shares of "Z" Co.)	(b) Date acquired (month day year)	(c) Date sold (month, day year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) ((d) minus (e))
1					
2 Short-term capital gain from installment sales from Form 6252, line 26 or 37					2
3 Short-term capital gain (loss) from like-kind exchanges from Form 8824					3
4 Partnership's share of net short-term capital gain (loss), including specially allocated short-term capital gains (losses), from other partnerships, estates, and trusts					4
5 Net short-term capital gain or (loss) Combine lines 1 through 4 in column (f). Enter here and on Form 8865, Schedule K, line 4d or 7.					5

Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year

(a) Description of property (e.g., 100 shares of "Z" Co.)	(b) Date acquired (month day year)	(c) Date sold (month day year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) ((d) minus (e))	(g) 28% rate gain or (loss) *(see instr. below)
6						
7 Long-term capital gain from installment sales from Form 6252, line 26 or 37					7	
8 Long-term capital gain (loss) from like-kind exchanges from Form 8824					8	
9 Partnership's share of net long-term capital gain (loss), including specially allocated long-term capital gains (losses), from other partnerships, estates, and trusts					9	
10 Capital gain distributions					10	
11 Combine lines 6 through 10 in column (g). Enter here and on Schedule K, line 4e(2) or 7.					11	
12 Net long-term capital gain or (loss) Combine lines 6 through 10 in column (f). Enter here and on Form 8865, Schedule K, line 4e(1) or 7.					12	

*28% rate gain or (loss) includes all "collectibles gains and losses" (as defined in the instructions)

Schedule K Partners' Shares of Income, Credits, Deductions, etc

(a) Distributive share items		(b) Total amount
Income (Loss)	1 Ordinary income (loss) from trade or business activities (enter from Schedule B, line 22)	1
	2 Net income (loss) from rental real estate activities (attach Form 8825)	2
	3a Gross income from other rental activities	3a
	b Expenses from other rental activities (attach schedule)	3b
	c Net income (loss) from other rental activities Subtract line 3b from line 3a	3c
	4 Portfolio income (loss)	
	a Interest income	4a
	b Ordinary dividends	4b
	c Royalty income	4c
	d Net short-term capital gain (loss)	4d
	e (1) Net long-term capital gain (loss)	4e(1)
	(2) 28% rate gain (loss) ▶ (3) Qualified 5-year gain ▶	
	f Other portfolio income (loss) (attach schedule)	4f
5 Guaranteed payments to partners	5	
6 Net section 1231 gain (loss) (other than due to casualty or theft) (attach Form 4797)	6	
7 Other income (loss) (attach schedule)	7	
Deductions	8 Charitable contributions (attach schedule)	8
	9 Section 179 expense deduction	9
	10 Deductions related to portfolio income (itemize)	10
	11 Other deductions (attach schedule)	11
Credits	12a Low-income housing credit	
	(1) From partnerships to which section 42(j)(5) applies	12a(1)
	(2) Other than on line 12a(1)	12a(2)
	b Qualified rehabilitation expenditures related to rental real estate activities (attach Form 3468)	12b
	c Credits (other than credits shown on lines 12a and 12b) related to rental real estate activities	12c
	d Credits related to other rental activities	12d
13 Other credits	13	
Investment Interest	14a Interest expense on investment debts	14a
	b (1) Investment income included on lines 4a, 4b, 4c, and 4f above	14b(1)
	(2) Investment expenses included on line 10 above	14b(2)
Self-Employment	15a Net earnings (loss) from self-employment	15a
	b Gross farming or fishing income	15b
	c Gross nonfarm income	15c
Adjustments and Tax Preference Items	16a Depreciation adjustment on property placed in service after 1986	16a
	b Adjusted gain or loss	16b
	c Depletion (other than oil and gas)	16c
	d (1) Gross income from oil, gas, and geothermal properties	16d(1)
	(2) Deductions allocable to oil, gas, and geothermal properties	16d(2)
	e Other adjustments and tax preference items (attach schedule)	16e

Schedule K (continued)

(a) Distributive share items		(b) Total amount	
Foreign Taxes	17a Name of foreign country or U S possession ▶ _____		
	b Gross income from all sources	17b	
	c Gross income sourced at partner level	17c	
	d Foreign gross income sourced at partnership level		
	(1) Passive	17d(1)	
	(2) Listed categories (<i>attach schedule</i>)	17d(2)	
	(3) General limitation	17d(3)	
	e Deductions allocated and apportioned at partner level		
	(1) Interest expense	17e(1)	
	(2) Other	17e(2)	
	f Deductions allocated and apportioned at partnership level to foreign source income		
	(1) Passive	17f(1)	
(2) Listed categories (<i>attach schedule</i>)	17f(2)		
(3) General limitation	17f(3)		
g Total foreign taxes (check one) ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	17g		
h Reduction in taxes available for credit (<i>attach schedule</i>)	17h		
Other	18 Section 59(e)(2) expenditures a Type ▶ _____ b Amount ▶ _____	18b	
	19 Tax-exempt interest income	19	
	20 Other tax-exempt income	20	
	21 Nondeductible expenses	21	
	22 Distributions of money (cash and marketable securities)	22	
	23 Distributions of property other than money	23	
	24 Other items and amounts required to be reported separately to partners (<i>attach schedule</i>)		

Schedule L Balance Sheets per Books (Not required if Question G9, page 1, is answered "Yes")

Assets		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
1 Cash					
2a Trade notes and accounts receivable					
b Less allowance for bad debts					
3 Inventories					
4 U S government obligations					
5 Tax-exempt securities					
6 Other current assets (<i>attach schedule</i>)					
7 Mortgage and real estate loans					
8 Other investments (<i>attach schedule</i>)					
9a Buildings and other depreciable assets					
b Less accumulated depreciation					
10a Depletable assets					
b Less accumulated depletion					
11 Land (net of any amortization)					
12a Intangible assets (amortizable only)					
b Less accumulated amortization					
13 Other assets (<i>attach schedule</i>)					
14 Total assets					
Liabilities and Capital					
15 Accounts payable					
16 Mortgages, notes, bonds payable in less than 1 year					
17 Other current liabilities (<i>attach schedule</i>)					
18 All nonrecourse loans					
19 Mortgages, notes, bonds payable in 1 year or more					
20 Other liabilities (<i>attach schedule</i>)					
21 Partners' capital accounts					
22 Total liabilities and capital					

Schedule M Balance Sheets for Interest Allocation

	(a) Beginning of tax year	(b) End of tax year
1 Total U S assets		
2 Total foreign assets		
a Passive income category		
b Listed categories (attach schedule)		
c General limitation income category		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return (Not required if Question G9, page 1, is answered "Yes")

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 7 (itemize)	
2 Income included on Schedule K, lines 1 through 4, 6, and 7, not recorded on books this year (itemize) _____		a Tax-exempt interest \$ _____	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 11, 14a, 17g, and 18b, not charged against book income this year (itemize)	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 11, 14a, 17g, and 18b (itemize)		a Depreciation \$ _____	
a Depreciation \$ _____			
b Travel and entertainment \$ _____			
5 Add lines 1 through 4		8 Add lines 6 and 7	
		9 Income (loss) Subtract line 8 from line 5	

Schedule M-2 Analysis of Partners' Capital Accounts (Not required if Question G9, page 1, is answered "Yes")

1 Balance at beginning of year		6 Distributions a Cash	
2 Capital contributed		b Property	
a Cash		7 Other decreases (itemize) _____	
b Property			
3 Net income (loss) per books			
4 Other increases (itemize) _____		8 Add lines 6 and 7	
5 Add lines 1 through 4		9 Balance at end of year Subtract line 8 from line 5	

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U S person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U S person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U S person filing this return	(d) Any U S person with a 10% or more direct interest in the controlled foreign partnership (other than the U S person filing this return)
1 Sales of inventory				
2 Sales of property rights (patents, trademarks, etc)				
3 Compensation received for technical, managerial, engineering, construction, or like services				
4 Commissions received				
5 Rents, royalties, and license fees received				
6 Distributions received				
7 Interest received				
8 Other				
9 Add lines 1 through 8				
10 Purchases of inventory				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc)				
13 Compensation paid for technical, managerial, engineering, construction, or like services				
14 Commissions paid				
15 Rents, royalties, and license fees paid				
16 Distributions paid				
17 Interest paid				
18 Other				
19 Add lines 10 through 18				
20 Amounts borrowed (enter the maximum loan balance during the year) — see instructions				
21 Amounts loaned (enter the maximum loan balance during the year) — see instructions				

SCHEDULE O
(Form 8865)Department of the Treasury
Internal Revenue Service**Transfer of Property to a Foreign Partnership**
(under section 6038B)

OMB No 1545-1668

2002

▶ Attach to Form 8865 See Instructions for Form 8865

Name of transferor

WOODS HOLE OCEANOGRAPHIC INSTITUTION

Filer's identifying number

04-2105850

Name of foreign partnership

MDCP IV GLOBAL INVESTMENTS, LP

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	9/9/02		298,863				0.0743
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions)

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?▶ ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the Instructions for Form 8865

Schedule O (Form 8865) 2002

**Return of U.S. Persons With Respect to
Certain Foreign Partnerships**

OMB No 1545-1668

2002Department of the Treasury
Internal Revenue Service

► **Attach to your tax return. See separate instructions.**
 Information furnished for the foreign partnership's tax year
 (see instructions) beginning 01/01, 2002, and ending 12/31, 20 02

Attachment
Sequence No **118****Important:** All information must be in English. All amounts must be in U.S. dollars unless otherwise indicated.

Name of person filing this return WOODS HOLE OCEANOGRAPHIC INSTITUTION		Filer's identifying number 04-2105850
Filer's address (if you are not filing this form with your tax return) 569 WOODS HOLE ROAD, MS 14 WOODS HOLE, MA 02543		A Category of filer (see Categories of Filers in the instructions and check applicable box(es)) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/>
		B Filer's tax year beginning <u>01/01</u> , 20 <u>02</u> , and ending <u>12/31</u> , 20 <u>02</u>

C Filer's share of liabilities Nonrecourse \$	NONE	Qualified nonrecourse financing \$	NONE	Other \$	NONE
D If filer is a member of a consolidated group but not the parent, enter the following information about the parent N/A					
Name			EIN		
Address					

E Information about certain other partners (see instructions) N/A					
(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

F1 Name and address of foreign partnership BAIN CAPITAL FUND VII, L.P. 111 HUNTINGTON AVENUE BOSTON, MA 02199-7615					2 EIN (if any) 04-3518910
					3 Country under whose laws organized CAYMAN ISLANDS
4 Date of organization 07/06/2000	5 Principal place of business MASSACHUSETTS	6 Principal business activity code number 523900	7 Principal business activity INVESTMENTS	8a Functional currency US DOLLAR	8b Exchange rate (see instr) N/A

G Provide the following information for the foreign partnership's tax year	
1 Name, address, and identifying number of agent (if any) in the United States	2 Check if the foreign partnership must file <input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065 or 1065-B Service Center where Form 1065 or 1065-B is filed OGDEN, UTAH
3 Name and address of foreign partnership's agent in country of organization, if any C/O WALKERS SPV LIMITED WALKER HOUSE, MARY STREET, P.O. BOX 908GT GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS	4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different BAIN CAPITAL FUND VII, L.P. 111 HUNTINGTON AVENUE BOSTON, MA 02199-7619

5 Were any special allocations made by the foreign partnership?	► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6 Number of foreign disregarded entities owned by the partnership (attach list)	► 1
7 How is this partnership classified under the law of the country in which it is organized?	► PARTNERSHIP
8 Did the partnership own any separate units within the meaning of Regulations section 1.1503-2(c)(3) or (4)?	► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9 Does this partnership meet both of the following requirements? • The partnership's total receipts for the tax year were less than \$250,000 and • The value of the partnership's total assets at the end of the tax year was less than \$600,000 If "Yes," do not complete Schedules L, M-1, and M-2	► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Sign Here Only If You Are Filing This Form Separately and Not With Your Tax Return	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.	
	Signature of general partner or limited liability company member: <u><i>Carolyn Bunker</i></u> Date: <u>8/6/03</u>	
Paid Preparer Sign and Complete Only If Form Is Filed Separately	Preparer's signature: <u><i>Kay B. Feider</i></u>	Date: <u>8.4.03</u>
	Check if self-employed <input type="checkbox"/> Firm's name (or yours if self-employed), address and ZIP code: <u>PRICewaterhouseCOOPERS, LLP</u> <u>ONE POST OFFICE SQUARE, BOSTON, MA 02109</u>	Preparer's SSN or PTIN: <u>13-4008324</u> EIN: <u>13-4008324</u> Phone no: <u>617-478-5000</u>

Schedule A

Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box b, enter the name, address, and U S taxpayer identifying number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☒ Owns a direct interestb ☐ Owns a constructive interest

Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identifying number (if any)	Check if foreign person

Does the partnership have any other foreign person as a direct partner?

☒ Yes☐ No**Schedule A-2**

Affiliation Schedule List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
BAIN CAPITAL INTEGRAL INVESTORS, LLC	111 HUNTINGTON AVENUE BOSTON, MA 02199-7615	04-3516394		
BAIN CAPITAL FUND VII, LLC	111 HUNTINGTON AVENUE BOSTON, MA 02199-7615	22-3850292		X

Schedule B **Income Statement — Trade or Business Income**

Caution Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a	Gross receipts or sales	1a		1c	
	b	Less returns and allowances	1b		1c	
	2	Cost of goods sold	2			
	3	Gross profit Subtract line 2 from line 1c	3			
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach schedule)	4			
	5	Net farm profit (loss) (attach Schedule F (Form 1040))	5			
	6	Net gain (loss) from Form 4797, Part II, line 18	6			
	7	Other income (loss) (attach schedule)	7			
Deductions (see page 8 of the instructions for limitations)	8	Total income (loss) Combine lines 3 through 7	8			
	9	Salaries and wages (other than to partners) (less employment credits)	9			
	10	Guaranteed payments to partners	10			
	11	Repairs and maintenance	11			
	12	Bad debts	12			
	13	Rent	13			
	14	Taxes and licenses	14			
	15	Interest	15			
	16a	Depreciation (if required, attach Form 4562)	16a			
	b	Less depreciation reported on Schedule A and elsewhere on return	16b		16c	
	17	Depletion (Do not deduct oil and gas depletion)	17			
	18	Retirement plans, etc	18			
	19	Employee benefit programs	19			
	20	Other deductions (attach schedule)	20			
	21	Total deductions Add the amounts shown in the far right column for lines 9 through 20	21			
22	Ordinary income (loss) from trade or business activities Subtract line 21 from line 8	22				

Schedule D Capital Gains and Losses**Part I Short-Term Capital Gains and Losses — Assets Held One Year or Less**

(a) Description of property (e.g. 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) ((d) minus (e))
1					
2 Short-term capital gain from installment sales from Form 6252, line 26 or 37				2	
3 Short-term capital gain (loss) from like-kind exchanges from Form 8824				3	
4 Partnership's share of net short-term capital gain (loss), including specially allocated short-term capital gains (losses), from other partnerships, estates, and trusts				4	
5 Net short-term capital gain or (loss). Combine lines 1 through 4 in column (f). Enter here and on Form 8865, Schedule K, line 4d or 7.				5	

Part II Long-Term Capital Gains and Losses — Assets Held More Than One Year

(a) Description of property (e.g. 100 shares of "Z" Co.)	(b) Date acquired (month, day, year)	(c) Date sold (month, day, year)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) ((d) minus (e))	(g) 28% rate gain or (loss) *(see instr. below)
6						
7 Long-term capital gain from installment sales from Form 6252, line 26 or 37					7	
8 Long-term capital gain (loss) from like-kind exchanges from Form 8824					8	
9 Partnership's share of net long-term capital gain (loss), including specially allocated long-term capital gains (losses), from other partnerships, estates, and trusts					9	
10 Capital gain distributions					10	
11 Combine lines 6 through 10 in column (g). Enter here and on Schedule K, line 4e(2) or 7.					11	
12 Net long-term capital gain or (loss). Combine lines 6 through 10 in column (f). Enter here and on Form 8865, Schedule K, line 4e(1) or 7.					12	

*28% rate gain or (loss) includes all "collectibles gains and losses" (as defined in the instructions)

Schedule K Partners' Shares of Income, Credits, Deductions, etc

(a) Distributive share items		(b) Total amount	
Income (Loss)	1 Ordinary income (loss) from trade or business activities (enter from Schedule B, line 22)	1	
	2 Net income (loss) from rental real estate activities (attach Form 8825)	2	
	3a Gross income from other rental activities	3a	
	b Expenses from other rental activities (attach schedule)	3b	
	c Net income (loss) from other rental activities Subtract line 3b from line 3a	3c	
	4 Portfolio income (loss)		
	a Interest income	4a	
	b Ordinary dividends	4b	
	c Royalty income	4c	
	d Net short-term capital gain (loss)	4d	
	e (1) Net long-term capital gain (loss)	4e(1)	
(2) 28% rate gain (loss) ▶ (3) Qualified 5-year gain ▶			
f Other portfolio income (loss) (attach schedule)	4f		
5 Guaranteed payments to partners	5		
6 Net section 1231 gain (loss) (other than due to casualty or theft) (attach Form 4797)	6		
7 Other income (loss) (attach schedule)	7		
Deductions	8 Charitable contributions (attach schedule)	8	
	9 Section 179 expense deduction	9	
	10 Deductions related to portfolio income (itemize)	10	
	11 Other deductions (attach schedule)	11	
	Credits	12a Low-income housing credit	
(1) From partnerships to which section 42(j)(5) applies		12a(1)	
(2) Other than on line 12a(1)		12a(2)	
b Qualified rehabilitation expenditures related to rental real estate activities (attach Form 3468)		12b	
c Credits (other than credits shown on lines 12a and 12b) related to rental real estate activities		12c	
d Credits related to other rental activities		12d	
13 Other credits		13	
Investment Interest		14a Interest expense on investment debts	14a
	b (1) Investment income included on lines 4a, 4b, 4c, and 4f above	14b(1)	
	(2) Investment expenses included on line 10 above	14b(2)	
Self-Employment	15a Net earnings (loss) from self-employment	15a	
	b Gross farming or fishing income	15b	
	c Gross nonfarm income	15c	
Adjustments and Tax Preference Items	16a Depreciation adjustment on property placed in service after 1986	16a	
	b Adjusted gain or loss	16b	
	c Depletion (other than oil and gas)	16c	
	d (1) Gross income from oil, gas, and geothermal properties	16d(1)	
	(2) Deductions allocable to oil, gas, and geothermal properties	16d(2)	
	e Other adjustments and tax preference items (attach schedule)	16e	

Schedule K (continued)

(a) Distributive share items		(b) Total amount	
Foreign Taxes	17a Name of foreign country or U S possession ▶ _____	-	
	b Gross income from all sources	17b	
	c Gross income sourced at partner level	17c	
	d Foreign gross income sourced at partnership level		
	(1) Passive	17d(1)	
	(2) Listed categories (attach schedule)	17d(2)	
	(3) General limitation	17d(3)	
	e Deductions allocated and apportioned at partner level		
	(1) Interest expense	17e(1)	
	(2) Other	17e(2)	
	f Deductions allocated and apportioned at partnership level to foreign source income		
	(1) Passive	17f(1)	
(2) Listed categories (attach schedule)	17f(2)		
(3) General limitation	17f(3)		
g Total foreign taxes (check one) ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	17g		
h Reduction in taxes available for credit (attach schedule)	17h		
Other	18 Section 59(e)(2) expenditures a Type ▶ _____ b Amount ▶ _____	18b	
	19 Tax-exempt interest income	19	
	20 Other tax-exempt income	20	
	21 Nondeductible expenses	21	
	22 Distributions of money (cash and marketable securities)	22	
	23 Distributions of property other than money	23	
	24 Other items and amounts required to be reported separately to partners (attach schedule)		

Schedule L Balance Sheets per Books (Not required if Question G9, page 1, is answered "Yes")

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U S government obligations				
5 Tax-exempt securities				
6 Other current assets (attach schedule)				
7 Mortgage and real estate loans				
8 Other investments (attach schedule)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach schedule)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach schedule)				
18 All nonrecourse loans				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach schedule)				
21 Partners' capital accounts				
22 Total liabilities and capital				

Schedule M Balance Sheets for Interest Allocation

	(a) Beginning of tax year	(b) End of tax year
1 Total U S assets		
2 Total foreign assets		
a Passive income category		
b Listed categories (<i>attach schedule</i>)		
c General limitation income category		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return (Not required if Question G9, page 1, is answered "Yes")

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 7 (itemize)	
2 Income included on Schedule K, lines 1 through 4, 6, and 7, not recorded on books this year (itemize) _____		a Tax-exempt interest \$ _____	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 11, 14a, 17g, and 18b, not charged against book income this year (itemize)	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 11, 14a, 17g, and 18b (itemize)		a Depreciation \$ _____	
a Depreciation \$ _____			
b Travel and entertainment \$ _____			
5 Add lines 1 through 4		8 Add lines 6 and 7	
		9 Income (loss) Subtract line 8 from line 5	

Schedule M-2 Analysis of Partners' Capital Accounts (Not required if Question G9, page 1, is answered "Yes")

1 Balance at beginning of year		6 Distributions a Cash	
2 Capital contributed		b Property	
a Cash		7 Other decreases (itemize) _____	
b Property			
3 Net income (loss) per books			
4 Other increases (itemize) _____		8 Add lines 6 and 7	
		9 Balance at end of year Subtract line 8 from line 5	
5 Add lines 1 through 4			

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U S person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U S person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U S person filing this return	(d) Any U S person with a 10% or more direct interest in the controlled foreign partnership (other than the U S person filing this return)
1 Sales of inventory				
2 Sales of property rights (patents, trademarks, etc)				
3 Compensation received for technical, managerial, engineering, construction, or like services				
4 Commissions received				
5 Rents, royalties, and license fees received				
6 Distributions received				
7 Interest received				
8 Other				
9 Add lines 1 through 8				
10 Purchases of inventory				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc)				
13 Compensation paid for technical, managerial, engineering, construction, or like services				
14 Commissions paid				
15 Rents, royalties, and license fees paid				
16 Distributions paid				
17 Interest paid				
18 Other				
19 Add lines 10 through 18				
20 Amounts borrowed (enter the maximum loan balance during the year) — see instructions				
21 Amounts loaned (enter the maximum loan balance during the year) — see instructions				

SCHEDULE O
(Form 8865)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership
(under section 6038B)

► Attach to Form 8865 See Instructions for Form 8865

OMB No 1545-1668

2002

Name of transferor WOODS HOLE OCEANOGRAPHIC INSTITUTION	Filer's identifying number 04-2105850
Name of foreign partnership BAIN CAPITAL FUND VII, L P	

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	Various		382,500				0 058530
Marketable securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property	1/01/2002		138,078	138,078		NONE	0 058530

Supplemental Information Required To Be Reported (see instructions)

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?

► ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the Instructions for Form 8865

Schedule O (Form 8865) 2002

WOODS HOLE OCEANOGRAPHIC INSTITUTION

04-2105850

FOR YEAR END 12/31/2002

FORM 8865, LINE 6, FOREIGN DISREGARDED ENTITIES:

1. BAIN CAPITAL FUND VII, LLC

EIN: 22-3850292

UNITED STATES

Form **8868**

(December 2000)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)**Note** Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	WOODS HOLE OCEANOGRAPHIC INSTITUTION	04-2105850
	Number, street, and room or suite no. If a P.O. box, see instructions	
	569 OYSTER POND ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	WOODS HOLE MA 02543	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until August 15, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☒ calendar year 20 02 or
- ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ None
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ None
- c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.00

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Karen B. Ferrell Title ► CPA Date ► 05/05/2003

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)