PwC US Tax LLP 101 SEAPORT BOULEVARD BOSTON, MA 02210

WOODS HOLE OCEANOGRAPHIC INSTITUTION INSTRUCTIONS FOR FILING FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2022

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-TE TO:

PWC US TAX LLP 101 SEAPORT BLVD., SUITE 500 BOSTON MA 02210

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2023. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

| | | 23 991 |
|--|--|---|
| Form 8879-TE | IRS e-file Signature Authorization for a Tax Exempt Entity For calendar year 2022, or fiscal year beginning 01/01/2022 and ending 12/31/2022 | OMB No. 1545-0047 |
| Department of the Treasury Internal Revenue Service | Do not send to the IRS. Keep for your records. Go to <i>www.irs.gov/Form8879TE</i> for the latest information. | |
| Name of filer | EIN or SSN | |
| WOODS HOLE OC Name and title of officer or po | CEANOGRAPHIC INSTITUTION 04-21 | 05850 |
| , | VP OPS & CFO | |
| | eturn and Return Information | |
| CP and Form 5330 filers 5a, 6a, 7a, 8a, 9a, or 10 5b, 6b, 7b, 8b, 9b, or | etum for which you are using this Form 8879-TE and enter the applicable amount, if any, from 0 5 may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box of 0a below, and the amount on that line for the return being filed with this form was blank, then lea 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, not complete more than one line in Part I. ere X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b | on line 1a, 2a, 3a, 4a, ive line 1b, 2b, 3b, 4b, |
| 2a Form 990-EZ chec | k here b Total revenue, if any (Form 990-EZ, line 9) | |
| 3a Form 1120-POL cl | | |
| 4a Form 990-PF chec 5a Form 8868 check | | |
| 6a Form 990-T check | | |
| 7a Form 4720 check | | |
| 8a Form 5227 check 9a Form 5330 check | | |
| 10a Form 8038-CP ch | | |
| | on and Signature Authorization of Officer or Person Subject to Tax y, I declare that X I am an officer of the above entity or I am a person subject to tax with resp | |
| complete. I further declar ntermediate service prov acknowledgement of rece the date of any refund. If (direct debit) entry to the return, and the financial i 1-888-353-4537 no later processing of the electron | d accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, c e that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to a ider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the sipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refut applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic fued financial institution account indicated in the tax preparation software for payment of the federal taxes ov nstitution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financ than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions inv nic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues cited a personal identification number (PIN) as my signature for the electronic return and, if applicable, the ral. | allow my IRS (a) an and, and (c) is withdrawal ved on this cial Agent at olved in the related to |
| PIN: check one box only I authorize | PWC US TAX LLP to enter my PIN 2842 ERO firm name | 2 as my signature |
| on the tax year agency(ies) regul return's disclosure | do not enter all a 2022 electronically filed return. If I have indicated within this return that a copy of the return is lating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to e consent screen. | being filed with a state |
| filed return. If I h of the IRS Fed/St ignature of officer or person | | |
| | on and Authentication | |
| number (EFIN) followed b | bur six-digit electronic filing identification by your five-digit self-selected PIN. Do not enter all zeros | |
| em submitting this retu Providers for Business Ret | (n h | above. I confirm that I or Authorized IRS e-file |
| ERO's signature | Que 11/02/2023 | |
| | ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So | |
| For Privacy Act and Pap | erwork Reduction Act Notice, see back of form. | Form 8879-TE (2022) |

JSA 2X3008 2.000 Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022 Open to Public Inspection

| Interr | al Rev | enue Service | Go to w | ww.irs.gov/Form | 990 for instruct | ions and the | e latest inform | nation. | | Inspe | ction |
|---------------------------|-----------|---|--|-------------------------|---|-----------------|-----------------|----------------|-----------------|-----------------------|--|
| A F | or th | e 2022 cal | endar year, or tax year beginni | ng | | and endir | ıg | | | | |
| - | | 3 64 | C Name of organization | | | | | 0 | Employer | identification r | umber |
| Вс | heck if a | applicable | WOODS HOLE OCEANOGE | APHIC INST | NOITUTION | | | | | | |
| | Addre | ss change | Doing business as | | | | | | 04-210 | 5850 | |
| | Name | change | Number and street (or P.O. box | if mail is not delivere | ed to street address | 5) | Room/se | uite E | Telephon | e number | |
| | Indual | | 569 WOODS HOLE ROAL | MS 14 | | | | | (508) 4 | 457-2000 | |
| \square | | City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ | | | | | | | | | |
| \square | Amenc | ied return | NUMBER AND ADDRESS | 10.1 | | | | | | • | 20 |
| | | ation pending | WOODS HOLE, MA 0254 F Name and address of principal o | | | 7 | _ | H(a) is this a | | 376,531,7 Yes | T T |
| | | | | • • • • • • • • • | DE MENOCA | | | subordin | atea? | H | |
| - | _ | | 569 WOODS HOLE ROAL | | | | 1 | H(b) Are all s | | | |
| <u> </u> | Тах-е | cempt status: | X 501(c)(3) 501(c) | () (inse | art no.) 494 | 7(a)(1) or | 527 | IE'N | o," attach a li | ist. See instructions | ś. |
| J | Webs | ite: Wh | W.WHOI.EDU | | | | | H(c) Group | - | | |
| ĸ | Form | of organizatio | on: X Corporation Trust | Association | Other | | - Year of forma | ation: 1930 | M State | of legal domicile | MA |
| Pa | art I | Summ | lary | | | | | | | | |
| | 1 | Briefly des | scribe the organization's missio | n or most signific | ant activities: | SEE SCHE | DULE O | | | | |
| e, | | | | | _ | | | | | | |
| an | | | | | | | | | | | |
| Governance | 2 | Check this | s box if the organization | n discontinued | its operations | or dispose | d of more | than 25% | of its n | et assets. | |
| 00 | 3 | | f voting members of the govern | | | | | | 11 11 | | 36 |
| | 4 | | f independent voting members | | | | | | | | 34 |
| Activities & | 5 | | | | | | | | · | | 1,304 |
| viti | Ŧ | | ber of individuals employed in a | | | | | | · + + | | 94 |
| \cti | 6 | | ber of volunteers (estimate if nee | | | | | | | 70 | |
| | | | lated business revenue from Pa | 1/08 | | | | | | | 4,802. |
| - | b | Net unrela | ated business taxable income fro | om Form 990-T, F | Part I, line 11 | | | | | | 7,002. |
| | | | | | | | | Prior Yea | ir | Current ' | |
| ٩ | 8 | Contributi | ons and grants (Part VIII, line 1h |) | | | | 286,413 | ,539. | 342,645 | 5,334. |
| nua | 9 | Program s | service revenue (Part VIII, line 2g |) | | | | 7,739 | ,564. | 8,290 | 6,918. |
| Revenue | 10 | Investmen | nt income (Part VIII, column (A), | lines 3, 4, and 7d | d) | | | | NONE | | NÔNE |
| œ | 11 | | enue (Part VIII, column (A), lines | | | | | 502 | ,093. | 2,909 | 9,278. |
| | 12 | | nue - add lines 8 through 11 (m | | | | | 294,655 | .196. | 353,851 | L.530. |
| | 13 | | d similar amounts paid (Part IX, | | | | | 12,087 | | 13,596 | |
| | 14 | | aid to or for members (Part IX, o | | | | | | NONE | 10,000 | NONE |
| | | | other compensation, employee t | | | | | 140,475 | | 137,441 | |
| Expenses | 15 | | | | | - | | | ,941. | | 3,684. |
| Den | | | nal fundraising fees (Part IX, colu | | | | | 103 | , 741. | 50. | 3,004. |
| Ě | | | Iraising expenses (Part IX, colum | · · · · | 4,297, | | | | 400 | 144 00 | |
| | 17 | • | enses (Part IX, column (A), lines | | | | | 144,752 | | 144,826 | |
| | 18 | • | enses. Add lines 13-17 (must ec | | | | | 297,419 | | 296,228 | A CONTRACTOR OF A CONTRACTOR O |
| | 19 | Revenue I | less expenses. Subtract line 18 f | rom line 12 | | | | -2,764 | · | | 2,907. |
| s or | | | | | | | | inning of Curr | | End of Ye | |
| Net Assets Fund Balanc | 20 | Total asse | ets (Part X, line 16) | | | | | 725,776 | ,960. | 715,289 | 5,770. |
| - Sab | 21 | Total liabi | lities (Part X, line 26) | | | | 📖 | 207,136 | ,863. | 154,931 | 1,095. |
| Page 1 | 22 | | s or fund balances. Subtract line | | | | | 518,640 | ,097. | 560,354 | 4,675. |
| | rt II | Signat | ture Block | | | | | | | | |
| Llo | for ne | nalties of pe | rjup, Tdeclare that I have examine | d this return, inclu | dina accompanyin | g schedules a | nd statements. | and to the be | est of my k | nowledge and | belief, it is |
| true | e, corr | ect, and com | pleter Degraration of preparer (other | than officer) is base | ed on all information | on of which pre | aparer has any | knowledge. | | | _ |
| | | | \mathcal{A} | | | | | | 117 | 4/22 | |
| Sig | n | Signature o | of officer | | | | | Date | 11 | 100 | |
| He | | | 11 | | | | | | | | |
| 4 | | the second | 'N LINK | | V | P OPS & | CEO | | _ | | |
| _ | | | nt name and title | | | | | 1 | | NT164 | |
| Pet | | Print/Type | preparer's name | Prepacer's sig | nature | | ate | Check | Ши | PTIN | |
| Paic | | ERICA | R MCREYNOLDS | Y ma | INA | <u> </u> | 1/02/2023 | self-en | nployed | P0097780 | 5 |
| | Darer | Eich's par | ne PWC US TAX LLP | | 0.0 | | | Firm's EIN | 9: | 2-0460586 | ŝ |
| USe | Only | Firm's add | | | 500 BOSTO | ON, MA O | 2210 | Phone no. | 6 | 17 - 530-50 | 000 |
| Ma | the | | uss this return with the prepa | | a second s | | | | | . X Yes | No |
| | | | luction Act Notice, see the sep | | | | | 0.79 | | | 0 (2022) |

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or Name of exempt organization or other filer, see | instructions. | Та | xpayer identification num | ber (TIN) | | | | | |
|--|------------------------|--------------------------------------|---------------------------|---------------------|--|--|---|--|--|
| Type or print Number of exempt organization of other hief, see instructions. Taxpayer identification hur axpayer identification hur 04-2105850 File by the Number, street, and room or suite no. If a P.O. box, see instructions. | | | | | | | | | |
| | | | | | | | Initial point Number, street, and room of suite no. If a P.O. box, see instructions. due date for filing your 569 WOODS HOLE ROAD MS 14 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | |
| instructions | or a roreign ac | | | | | | | | |
| WOODS HOLE, MA 02543 | | | | 0 | | | | | |
| Enter the Return Code for the return that this application | n is for (file | a separate application for e | ach return) | | | | | | |
| Application | Return | Application | | Retur | | | | | |
| Is For | Code | Is For | | Code | | | | | |
| Form 990 or Form 990-EZ | 01 | Form 1041-A | | 08 | | | | | |
| Form 4720 (individual) | 03 | Form 4720 (other than ir | ndividual) | 09 | | | | | |
| Form 990-PF | 04 | Form 5227 | | 10 | | | | | |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 | | | | | |
| Form 990-T (trust other than above) | 06 | Form 8870 | | 12 | | | | | |
| Form 990-T (corporation) | 07 | | | | | | | | |
| a list with the names and TINs of all members the exter 1 I request an automatic 6-month extension of time for the organization named above. The extension ▶ x calendar year 2022 or | until is for the or | 11/15, 2023 ganization's return for: | _, to file the exempt o | | | | | | |
| ▶ tax year beginning | , 20 | , and ending | , 20 | · | | | | | |
| 2 If the tax year entered in line 1 is for less than 12 Change in accounting period | | | | | | | | | |
| 3a If this application is for Forms 990-PF, 990-T | , 4720, or | 6069, enter the tentat | ive tax, less any | | | | | | |
| nonrefundable credits. See instructions. | | | 3 | a \$NOI | | | | | |
| b If this application is for Forms 990-PF, 990-T | , 4720, or | 6069, enter any refund | lable credits and | | | | | | |
| estimated tax payments made. Include any prior ye | | | | b 💲 NOI | | | | | |
| c Balance due. Subtract line 3b from line 3a. | | | n, if required, by | | | | | | |
| using EFTPS (Electronic Federal Tax Payment Syste | | | - | c S NOI | | | | | |
| Caution: If you are going to make an electronic funds withdra instructions. | wal (direct de | bit) with this Form 8868, see | Form 8453-TE and Form | 8879-TE for paym | | | | | |
| For Privacy Act and Paperwork Reduction Act Notice, see ins | structions. | | Fo | orm 8868 (Rev. 1-20 | | | | | |

|--|

| For | m 990 (2022) Page 2 |
|-----|--|
| Pa | art III Statement of Program Service Accomplishments |
| 4 | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: SEE SCHEDULE O |
| | |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? Yes X No |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program |
| | services? |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others |
| | the total expenses, and revenue, if any, for each program service reported. |
| | |
| 4a | (Code:) (Expenses \$243,305,232. including grants of \$12,813,620.) (Revenue \$489,833.) |
| | SPONSORED AND INSTITUTIONAL RESEARCH IN OCEANOGRAPHY AND RELATED |
| | FIELDS: OF THE 1,069 SPONSORED RESEARCH AWARDS, 707 AWARDS ARE |
| | FROM 8 FEDERAL AGENCIES AND 362 ARE FROM 144 OTHER SPONSORS. |
| | INSTITUTION RESEARCH SPONSORED 306 PROJECTS FROM UNRESTRICTED FUNDS. IN ADDITION, WOODS HOLE OCEANOGRAPHIC INSTITUTION ISSUED |
| | 577 PUBLICATIONS IN 2022. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$14,869,168. including grants of \$782,953.) (Revenue \$7,807,085.) |
| | EDUCATION: JOINT GRADUATE PROGRAM WITH M.I.T. IN THE MARINE |
| | SCIENCES. IN 2022, THERE WERE 153 GRADUATE STUDENTS, 27 DEGREE |
| | RECIPIENTS, 47 POST DOCTORAL SCHOLARS AND FELLOWS, 23 SUMMER STUDENT FELLOWS AND 109 GUEST STUDENTS. |
| | STODENT FEEDONS AND TOP GOEST STODENTS. |
| | |
| | |
| | |
| | |
| | |
| | |
| 4 | (Carlas) (Expanses (including grants of ()) (Devenue ()) |
| 4C | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| 70 | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses 258,174,400. |
| JSA | |
| | SI8053 7377 V22-7.4F |

| Form 9 | 990 (2022) | | F | Page 3 |
|--------|---|-----|-----|---------------|
| Part | IV Checklist of Required Schedules | | | . <u> </u> |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| - | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | 37 |
| 4 | candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | 3 | | X |
| - | election in effect during the tax year? If "Yes," complete Schedule C, Part II. | 4 | Х | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | - | Λ | |
| Ū | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| - | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | Х | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | Х | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| _ | complete Schedule D, Part VI | 11a | Х | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | X | |
| С | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| a | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | | | 37 |
| - | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | 37 | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11e | Х | |
| 1 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | v |
| 120 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | X |
| 120 | Schedule D, Parts XI and XII. | 12a | Х | |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 120 | 21 | |
| N N | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | x |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Х | <u> </u> |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | Х | <u> </u> |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |

| Part | V Checklist of Required Schedules (continued) | | | |
|---------------|--|------|-----|----------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the | | | |
| - | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J. | 23 | х | |
| 21 2 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 20 | | <u> </u> |
| 24a | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | | 24- | 37 | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | X | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | X |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I. | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | v |
| 20 | | 21 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | | |
| _ | Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | Х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | Х | |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Х | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | Х | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | - | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| | 19? Note: All Form 990 filers are required to complete Schedule O | 38 | Х | ĺ |
| Part | | 50 | Λ | <u> </u> |
| ı arı | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | ••• | Yes | No |
| 4 - | Enter the number reported in her 2 of Form 1000. Enter 0 if not emplicable | | 103 | |
| | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 226 | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| JSA | reportable gaming (gambling) winnings to prize winners? | 1c | X | <u> </u> |
| JSA 2E1030 | 2.000 | Form | 990 | (2022) |

WOODS HOLE OCEANOGRAPHIC INSTITUTION

Page 5

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|------|--|-----|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return. 2a 1, 304 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Х | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | Х | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| Ψa | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| h | | 14 | | |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | 50 | | v |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | • | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | _ | | |
| | and services provided to the payor? | 7a | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | _ | | |
| | required to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | | | | |
| а | Gross income from members or shareholders | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | r- |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | - |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | 4- | | |
| | that would result in the imposition of an excise tax under section 4951, 4952, or 4953? | 17 | | |

| Form 9 | 90 (2022) WOODS HOLE OCEANOGRAPHIC INSTITUTION 04-2105 | 850 | F | age 6 |
|---------------|---|----------|---------|----------------|
| Part | | | | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | | Х |
| Sect | ion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a <u>36</u> | - | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain on Schedule O. | | | |
| | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 2 | | х |
| 3 | any other officer, director, trustee, or key employee? | <u> </u> | | |
| 3 | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| _ | stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| - | the year by the following: | 8a | Х | |
| a b | The governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. | 9 | | Х |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code | .) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| - | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | X |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | 12a | Х | |
| | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | 120 | <u></u> | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | х | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| Ū | describe on Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | X | |
| 16- | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| 168 | with a taxable entity during the year? | 16a | х | |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| Ň | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | Х | |
| Secti | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed CA, MA, NY, | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i> | 「 (sec | tion 5 | 01(c) |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o | f inter | oct n | olicy |
| 13 | and financial statements available to the public during the tax year. | , mei | oor p | oncy, |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record DANA FERNANDEZ, SR DIR FINANCE 569 WOODS HOLE RD, MS 14 WOODS HOLE, MA 025 | S | | |
| | 508-289-3505 | Form | 990 | (2022) |
| JSA 2E1042 | | 2 | | , - - / |

SI8053 7377

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

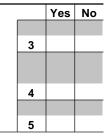
Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, office or direct | unles | neck is pe | ition more rson | e than c is both or/trust employee | an | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--------------------------------|--|-----------------------------|-------|---------------|-----------------------|---|----|--|---|--|
| | | | | | | | | | | |
| (1) PETER DE MENOCAL | 50.00 | | | | | | | | | |
| PRESIDENT/DIRECTOR | NONE | Х | | Х | | | | 612,792. | NONE | 687,473. |
| (2) KATHRYN LINK | 50.00 | | | | | | | | | |
| VP OPS & CFO | NONE | | | Х | | | | 439,573. | NONE | 31,623. |
| (3) CHRISTOPHER LAND | 50.00 | | | | | | | | | |
| VP LEGAL AFFAIRS/GEN. COUNSEL | NONE | Х | | Х | | | | 403,572. | NONE | 40,785. |
| (4) ROBERT MUNIER | 50.00 | | | | | | | | | |
| VP MARINE FACILITIES & OPS | NONE | | | | X | | | 374,403. | NONE | 69,258. |
| (5) SAMUEL HARP | 50.00 | | | | | | | | | |
| VP FOR ADVANCEMENT & CMO | NONE | | | | | Х | | 367,978. | NONE | 59,905. |
| (6) RICHARD MURRAY | 50.00 | | | | | | | | | |
| DD & VP SCIENCE & ENGINEERING | NONE | | | | X | | | 338,793. | NONE | 35,251. |
| (7) GEORGE CLAYTON | 50.00 | | | | | | | | | |
| CHIEF DEVELOPMENT OFFICER | NONE | | | | | Х | | 290,707. | NONE | 65,228. |
| (8) MARGERET TIVEY | 50.00 | | | | | | | | | |
| VP OF ACADEMIC AFFAIRS & DEAN | NONE | | | | | Х | | 293,256. | NONE | 50,294. |
| (9) KEITH GLAVIN | 50.00 | | | | | | | | | |
| SR. DIR. INFORMATION SYSTEMS | NONE | | | | | X | | 277,320. | NONE | 59,894. |
| (10) KATHLEEN BENJAMIN | 50.00 | | | | | | | | | |
| CHIEF HR DIRECTOR | NONE | | | | | Х | | 298,564. | NONE | 37,193. |
| (11) MARK ABBOTT | NONE | | | | | | | | | |
| FORMER PRES./DIRECTOR | NONE | | | | | | Х | 114,310. | NONE | 4,408. |
| (12) DAVID B. SCULLY | 2.50 | | | | | | | | | |
| CHAIR OF THE BOARD OF TRUSTEES | NONE | Х | | Х | | | | NONE | NONE | NONE |
| (13) MARGARET A. FLANAGAN | 2.50 | | | | | | | | | |
| VICE CHAIR - BOARD | NONE | Х | | Х | | | | NONE | NONE | NONE |
| (14) MARIA WILHELM | 2.50 | | | | | | | | | |
| VICE CHAIR - BOARD | NONE | Х | | Х | | | | NONE | NONE | NONE |

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| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
| Name and title | Average hours per week (list any hours for | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | an | Reportable compensation from the | Reportable compensation from related organizations | Estimated amount of other compensation |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| 15) STEVEN G. HOCH | 2.50 | | | | | | | | | |
| CHAIRMAN OF THE CORPORATION | NONE | Х | | Х | | | | NONE | NONE | NON |
| 16) WILLIAM SCHMIDT | 2.50 | | | | | | | | | |
| TREASURER | NONE | Х | | Х | | | | NONE | NONE | NON |
| 17) ALAN CHUNG | 2.50 | | | | | | | | | |
| TRUSTEE (AS OF 5/22) | NONE | Х | | | | | | NONE | NONE | NOI |
| 18) ANNE C. KRONENBERG | 2.50 | | | | | | | | | |
| TRUSTEE | NONE | Х | | | | | | NONE | NONE | NOI |
| 19) BARBARA WU | 2.50 | | | | | | | | | |
| TRUSTEE | NONE | Х | | | | | | NONE | NONE | NOI |
| 20) CHARLES WARD | 2.50 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NO |
| 21) CHRISTINE FOX | 2.50 | | | | | | | | | |
| TRUSTEE (UNTIL 1/22) | NONE | x | | | | | | NONE | NONE | NO |
| 22) CLINT HARRIS | 2.50 | | | | | | | | | |
| TRUSTEE | NONE | x | | | | | | NONE | NONE | NO |
| 23) CULLEN BUIE | 2.50 | | | | | | | | | |
| TRUSTEE | NONE | x | | | | | | NONE | NONE | NO |
| 24) D. ALEC SARGENT | 2.50 | | | | | | | | | |
| TRUSTEE | NONE | x | | | | | | NONE | NONE | NOI |
| 25) EDWARD TREGURTHA | 2.50 | | | | | | | | | |
| TRUSTEE | NONE | х | | | | | | NONE | NONE | NO |
| 1b Sub-total | | | | | | | | 3,811,268. | NONE | 1,141,312 |
| c Total from continuation sheets to Part VII, S | Section A | • • • | • • | • • | | • • • | | NONE | | NO |
| d Total (add lines 1b and 1c) | _ | | | | | | | 3,811,268. | NONE | 1,141,312 |

| 3 | Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual |
|---|---|
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person |
| - | |



Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

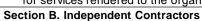
| | (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|--------------------------------|----------------------------|
| _ | | | |
| | | | |
| | | | |
| 2 | Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► | | |

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| Part VII Section A. Officers, Directors, 1 | rustees, Ke | y En | nplo | yee | es, | and H | lig | hest Compensat | ed Employees (co | ontinued) |
|--|---|-----------------------------------|-----------------------|-------|--------------|---------------------------------|--------|---|--|--|
| (A) | (B) | | | (C | C) | | | (D) | (E) | (F) |
| Name and title | Average hours per week (list any hours for | box, | not ch unles | s per | more rson | e than c is both or/trust | an | Reportable compensation from the | Reportable compensation from related | Estimated amount of other compensation |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | from the organization and related organizations |
| 26) GEORGE DAVID | 2.50 | | | | | | | | | |
| TRUSTEE (AS OF 5/22) | NONE | Х | | | | | | NONE | NONE | NON |
| 27) H. LARRY CLARK | 2.50 | | | | | | | | | |
| TRUSTEE | NONE | Х | | | | | | NONE | NONE | NON |
| 28) HARDWICK SIMMONS | 2.50 | _ | | | | | | | | |
| TRUSTEE (UNTIL 10/22) | NONE | X | | | | | | NONE | NONE | NON |
| 29) JAMES A. AUSTIN, JR. | 2.50 | - | | | | | | | | |
| TRUSTEE | NONE | Х | | | | | | NONE | NONE | NON |
| 30) JAMES M. CLARK, JR. | 2.50_ | - | | | | | | | | |
| TRUSTEE | NONE | Х | | | | | | NONE | NONE | NON |
| 31) JAMES P. ROSENFIELD | 2.50_ | - | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NON |
| 32) JEAN C. TEMPEL | 2.50 | - | | | | | | | | |
| TRUSTEE (UNTIL 10/22) | NONE | X | | | | | | NONE | NONE | NON |
| 33) JEFFERSON E. HUGHES, JR. | 2.50 | - | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NON |
| <u>34) JOHN KREIDER</u> | 2.50 | - | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NON |
| 35) JOHN M. RICHARDSON | 2.50 | - | | | | | | | | |
| TRUSTEE | NONE | X | | _ | | | | NONE | NONE | NON |
| 36) JOHN STAVIS | 2.50 | | | | | | | | | |
| TRUSTEE | NONE | X | | | | | | NONE | NONE | NON |
| 1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) | | | | | | · · · | | | | |
| 2 Total number of individuals (including but ne reportable compensation from the organization | | hose | liste | d ab | oove | e) who | o re | ceived more than | \$100,000 of | |
| 3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche | | • | | | • | | | | | Yes No 3 |
| 4 For any individual listed on line 1a, is the organization and related organizations | | | | | | | | | | |

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



Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| | (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|--------------------------------|----------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2 | Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► | | |

Δ

5

| (A) | (B) | | | (0 | ;) | | | (D) | (E) | (F) |
|---|---|-----------------------------------|-----------------------|---------|--------------|---------------------------------|--------|---|---|--|
| Name and title | Average hours per week (list any hours for | box, | unles | s pe | more rson | e than c is both or/trust | an | Reportable compensation from the | Reportable compensation from related organizations | Estimated amount of other compensation |
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| 37) JOYCE K. MOSS | 2.50 | | | | | | | | | |
| TRUSTEE | NONE | Х | | | | | | NONE | NONE | NON |
| 38) LAWRENCE FISH TRUSTEE | 2.50_ NONE | Х | | | | | | NONE | NONE | NON |
| 39) LINDA SALLOP | 2.50 | | | | | | | | | |
| TRUSTEE | NONE | Х | | | | | | NONE | NONE | NON |
| 40) MICHAEL ESPOSITO | 2.50 | | | | | | | | | |
| TRUSTEE | NONE | Х | | | | | | NONE | NONE | NON |
| 41) MICHELE S. FOSTER | 2.50 | | | | | | | | | |
| TRUSTEE | NONE | Х | | | | | | NONE | NONE | NON |
| 42) ROBERT C. DUCOMMUN TRUSTEE | 2.50_ NONE | Х | | | | | | NONE | NONE | NON |
| 43) ROBIN POWELL MANDJES | 2.50_ NONE | х | | | | | | NONE | NONE | NON |
| 44) SALLY ROCKER | 2.50 | | | | | | | | | |
| TRUSTEE (AS OF 5/22) | NONE | Х | | | | | | NONE | NONE | NON |
| 45) SAMUEL COLEMAN | 2.50 | | | | | | | | | |
| TRUSTEE | NONE | Х | | | | | | NONE | NONE | NON |
| 46) SARA G. DENT TRUSTEE (UNTIL 10/22) | 2.50 NONE | х | | | | | | NONE | NONE | NON |
| 47) SARAH JOHNSON | 2.50 | | | | | | | | | 1.011 |
| TRUSTEE (AS OF 5/22) | NONE | х | | | | | | NONE | NONE | NON |
| 1b Sub-total | ection A | | | | | | • | | | |

reportable compensation from the organization

| 3 | Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | 3 |
|---|---|---|
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. | 4 |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | 5 |
| - | | |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| | (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|--------------------------------|----------------------------|
| _ | | | |
| | | | |
| | | | |
| 2 | Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► | | |

Yes No

| Pa | rt VII Section A. Officers, Directors, Tru | ustees, Ke | y En | nplo | bye | es, | and H | ligl | hest Compensat | ed Employ | yees (c | continue | d) | |
|-------|--|---|-----------------------------------|--|---------|--------------|---------------------------------|-----------|---------------------------------|--|-----------------------|-----------------------|---|-------------------------------|
| | (A) Name and title | (B) Average hours per week (list any hours for | box, office | (C) Position (do not check more that box, unless person is bo officer and a director/tru | | | is both or/trust | an ee) | | (E) Reportable compensation from related organizations | on from d tions | other compens | timated ount of other pensati | ated at of er sation |
| | | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099 | -MISC) | orga and | om the anizatio I related nization | d |
| (48 |) SUSAN BURKE | 2.50 | | | | | | | | | | | | |
| TR | USTEE (AS OF 5/22) | NONE | Х | | | | | | NONE | | NONE | | | NONE |
| (_49 |) THOMAS J. TIERNEY | 2.50 | - | | | | | | | | | | | |
| | USTEE | NONE | X | | | | | | NONE | | NONE | | | NONE |
| | | | - | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | | | - | | | | | | | | | | | |
| | Out (-(-) | | | | | | | | | | | | | |
| c | Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) | ection A | | | | | | | | | | | | |
| 2 | Total number of individuals (including but not reportable compensation from the organizatio | limited to t | | | | | | o re | eceived more than | \$100,000 | of | | | |
| 3 | Did the organization list any former offic | er, directo | or, or | tru | uste | e, | key e | emp | loyee, or highest | compens | ated | | Yes | No |
| | employee on line 1a? If "Yes," complete Sched | ule J for su | ch ind | livid | ual | | | | | | | 3 | Х | |
| 4 | For any individual listed on line 1a, is the organization and related organizations groups and the organization of the organiz | eater than | \$15 | 50,0 | 00? | i It | "Yes | s," (| complete Schedu | le J for | such | | | |
| 5 | individual . Did any person listed on line 1a receive or | accrue co | mpen | sati | on | fron | n any | un | related organizatio | on or indivi | dual | 4 | X | |
| 50 | for services rendered to the organization? If "Ye ction B. Independent Contractors | es," compie | te Scr | neal | lie . | J TOP | sucn | per | son | | | 5 | | X |
| 1 | Complete this table for your five highest com compensation from the organization. Report of year. | | | | | | | | | | | | | |
| | (A) SEE SCHEDULE O Name and business add | dress | | | | | | | (B) Description of se | rvices | C | (C) Compens | ation | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 50

Form 990 (2022)

WOODS HOLE OCEANOGRAPHIC INSTITUTION Part VIII Statement of Revenue

| | | Check if Schedule O contains a respon | nse or note to ar | ny line in this Part V | /111 | | |
|---|----------------|---|-------------------|------------------------|---|---|---|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| ω, ω | 1a | Federated campaigns 1a | | | | | Sections 512-514 |
| Contributions, Gifts, Grants, and Other Similar Amounts | b | Membership dues | | | | | |
| 0 U U | c | Fundraising events | | | | | |
| ts, | d | Related organizations | | | | | |
| Gif | e | Government grants (contributions) 1e | 215,542,421. | | | | |
| Sim's | f | All other contributions, gifts, grants, | | | | | |
| ë ti | ' | and similar amounts not included above 1 | 127,102,913. | | | | |
| thu | g | Noncash contributions included in | , , , | | | | |
| dri | 9 | | \$ 11,854,458. | | | | |
| aSo | h | Total. Add lines 1a-1f | * | 342,645,334. | | | |
| | | | Business Code | | | | |
| e | 2a | EDUCATION | 900099 | 7,807,085. | 7,807,085. | | |
| Program Service Revenue | b | INFO CENTER INCOME | 541900 | 471,083. | 471,083. | | |
| Se | c | CENTER FOR MARINE ROBOTICS REVENUE | 900099 | 18,750. | 18,750. | | |
| am | d | | | | | | |
| 2 R | e | | | | | | |
| P, | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | 8,296,918. | | | |
| | 3 | Investment income (including dividends, | | | | | |
| | | other similar amounts) | | NONE | | 784,802. | -784,802 |
| | 4 | Income from investment of tax-exempt bond | | NONE | | | |
| | 5 | Royalties | • | 111,415. | | | 111,415. |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents 6a 566,402 | | | | | |
| | b | Less: rental expenses 6b 436,200 | | | | | |
| | с | Rental income or (loss) 6c 130,202 | . NONE | | | | |
| | d | Net rental income or (loss) | | 130,202. | | | 130,202. |
| | 7a | Gross amount from (i) Securities | (ii) Other | | | | |
| | | sales of assets | | | | | |
| | | other than inventory 7a 22,244,000 | | | | | |
| ue | b | Less: cost or other basis | | | | | |
| evenue | | and sales expenses 7b 22,244,000 | | | | | |
| Sev | с | Gain or (loss) 7c | | | | | |
| Ρ | d | Net gain or (loss) | | NONE | | | NONI |
| Other | 8a | Gross income from fundraising | | | | | |
| 0 | | events (not including \$ | | | | | |
| | | of contributions reported on line | | | | | |
| | | 1c). See Part IV, line 18 | NONE | | | | |
| | b | Less: direct expenses | NONE | | | | |
| | с | Net income or (loss) from fundraising events | | NONE | | | |
| | 9a | Gross income from gaming | | | | | |
| | | activities. See Part IV, line 19 9a | NONE | | | | |
| | b | Less: direct expenses | NONE | | | | |
| | c | Net income or (loss) from gaming activities | • • • • • • • • • | NONE | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | | returns and allowances 10a | NONE | | | | |
| | b c | Less: cost of goods sold <u>10b</u> Net income or (loss) from sales of inventory | NONE | | | | |
| | <u> </u> | Net income or (loss) from sales of inventory. | Business Code | NONE | | | |
| SUC | | COMCODED DECENDAT | | 0 667 661 | | | 2 667 661 |
| Miscellaneous Revenue | 11a | SPONSORED RESEARCH | 900099 | 2,667,661. | | | 2,667,661 |
| ella ver | b | | | | | | |
| Re | C L | | | | | | |
| Ĭ | d | All other revenue | L | 2,667,661. | | | |
| | <u>е</u> 12 | Total. Add lines 11a-11d | | 353,851,530. | 8,296,918. | 784,802. | 2,124,476 |
| | | | | | 0,200,010. | ,01,002. | 2,121,10 |

(D) Fundraising

expenses

713,802.

1,223,508.

253,539.

580,968.

149,966.

363,684.

38,284.

31,660.

73,186.

98,864.

NONE

104.

NONE

416,138.

123,156.

4,297,179.

229,675.

645.

Form 990 (2022) WOODS HOLE OCEANOGRAPHIC INSTITUTION Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses 1 Grants and other assistance to domestic organizations NONE and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 13,596,573. 13,596,573. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 3,301,975. 891,203. 1,696,970. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 87,829,732. 75,185,146. 11,421,078. 11,926,581. 1,716,784. 9,956,258. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 27,328,934. 22,814,074. 3,933,892 7,054,454. 5,889,027. 1,015,461. Payroll taxes 10 11 Fees for services (nonemployees): 3,157,878. 2,419,170. 738,063. a Management 685,887 54,501. 631,386. **b** Legal 782,511 782,511 c Accounting 97,720 97,720. d Lobbying 363,684 e Professional fundraising services. See Part IV, line 17. 3,275,341. 3,275,341. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 814,335 769,648. 6,403. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 633,322 307,535 96,112. 15,538,0<u>13</u>. 15,243,745. 262,608. 13 Office expenses 2,793,699. 1,278,819. 1,441,694. 14 Information technology NONE 15 Royalties 956,499 Occupancy 2,909,761. 1,953,262. 16 5,239,265. 4,899,043. 241,358. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials 19 Conferences, conventions, and meetings NONE 3,779,086. 3,778,961. 125. 20 NONE 21 Payments to affiliates Depreciation, depletion, and amortization 14,155,255. 13,218,836. 936,419. 22 5,189,700. 4,188,803. 1,000,897. Insurance 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If

following SOP 98-2 (ASC 958-720)

if

line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)

d FEDERAL & STATE INCOME TAXES

25 Total functional expenses. Add lines 1 through 24e

fundraising solicitation. Check here

Joint costs. Complete this line only if the

organization reported in column (B) joint costs from a combined educational campaign and

a SUBCONTRACTS

e All other expenses

26

.ISA 2E1052 1.000

c OUTSIDE SERVICES

b EQUIPMENT

22,917,029

23,186,019

20,993,793.

18,228,437.

296,228,623.

449,639

22,917,029.

23,185,915

19,336,820.

16,290,032.

258,174,400.

NONE

Form **990** (2022)

NONE

NONE

1,240,835.

1,815,249.

33,757,044.

449,639.

| Page | 1 | 1 |
|------|---|---|
| | | |

| | Check if Schedule O contains a response or note to any line in this Pa | | | |
|----------------------------------|---|---------------------------------|-----|---------------------------|
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing | 8,493,578. | 1 | 15,297,000 |
| 2 | Savings and temporary cash investments | 25,941,450. | 2 | 30,074,299 |
| 3 | Pledges and grants receivable, net | 14,840,619. | 3 | 39,009,603 |
| 4 | Accounts receivable, net | 54,069,694. | 4 | 50,761,182 |
| 5 | Loans and other receivables from any current or former officer, director, | | | |
| | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons | NONE | 5 | NOI |
| 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | NONE | 6 | NOI |
| 2 7 | Notes and loans receivable, net | 797,178. | 7 | 877,956 |
| 2 7 8 8 | Inventories for sale or use | 3,593,840. | 8 | 3,267,226 |
| 9 | Prepaid expenses and deferred charges | 5,086,180. | 9 | 5,794,419 |
| - | Land, buildings, and equipment: cost or other | | | |
| | basis. Complete Part VI of Schedule D 10a 307,906,888. | | | |
| b | | 113,765,416. | 10c | 120,608,275 |
| 11 | Investments - publicly traded securities. | 865,208. | | 967,954 |
| 12 | Investments - other securities. See Part IV, line 11 | 490,905,541. | 12 | 441,954,871 |
| 13 | Investments - program-related. See Part IV, line 11 | NONE | | NO |
| 14 | Intangible assets | NONE | | NO |
| 15 | Other assets. See Part IV, line 11 | 7,418,256. | | 6,672,983 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 725,776,960. | 16 | 715,285,770 |
| 17 | Accounts payable and accrued expenses | 37,884,614. | | 33,588,707 |
| 18 | Grants payable | NONE | | NO |
| 19 | Deferred revenue | 3,043,177. | | 1,725,675 |
| 20 | Tax-exempt bond liabilities | 80,202,348. | 20 | 78,371,088 |
| 20 | Escrow or custodial account liability. Complete Part IV of Schedule D | NONE | | NO |
| | Loans and other payables to any current or former officer, director, | INCINE | 21 | 1101 |
| 22 | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons | NONE | 22 | NO |
| 23 | Secured mortgages and notes payable to unrelated third parties | NONE | | NO |
| 23 | Unsecured notes and loans payable to unrelated third parties | NONE | | NO. |
| 24 | Other liabilities (including federal income tax, payables to related third | INOINE | 24 | INO |
| 25 | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | of Schedule D | 96 006 704 | 25 | 41 D4E 600 |
| 26 | | 86,006,724. | | 41,245,623 |
| - | Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X | 207,136,863. | 26 | 154,931,095 |
| 2 | Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. | | | |
| 27 | Net assets without donor restrictions | | 07 | |
| 28 | | 43,855,666. | 27 | 81,540,068 |
| 28 | Net assets with donor restrictions. | 474,784,431. | 28 | 478,814,607 |
| 3 | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. | | | |
| 27 28 29 30 31 32 | | | | |
| 29 | Capital stock or trust principal, or current funds | | 29 | |
| 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| 2 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| 32 | Total net assets or fund balances | 518,640,097. | 32 | 560,354,675 |
| - 33 | Total liabilities and net assets/fund balances. | 725,776,960. | 33 | 715,285,770 |

| | WOODS HOLE OCEANOGRAPHIC INSTITUTION 04- | -210 | 5850 |) | | |
|---------|---|----------|---------|------|-------|---------------|
| Form 99 | 00 (2022) | | | | Р | age 12 |
| Part | XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | . X |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 1 | 353, | 851 | <u>530</u> . |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 2 | 296, | 228 | <u>623</u> . |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | 3 | | | <u>,907</u> . |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | - L | 4 | 518, | 640 | <u>097</u> . |
| 5 | Net unrealized gains (losses) on investments | - L | 5 | -51, | 711 | <u>157</u> . |
| 6 | Donated services and use of facilities | - L | 6 | | | |
| 7 | Investment expenses | - L | 7 | | | |
| 8 | Prior period adjustments | - | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | | 9 | 35 | 802 | <u>828</u> . |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, lin | ne | | | | |
| | 32, column (B)) | - 1 | 10 | 560, | 354 | 675. |
| Part | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | _ | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other | r," expl | ain oi | n | | |
| | Schedule O. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accounta | nt? | | . 2 | a | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were | comp | iled o | r | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | | b X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were | audite | d on a | a | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for | r overs | sight o | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent account | | | | C X | |
| | If the organization changed either its oversight process or selection process during the tax ye | ar, exp | lain oi | n | | |
| | Schedule O. | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as s | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | | a X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did no | | • | | . _ | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo su | ch aud | its | . 3 | b X | |

| SCHE | | ΞA |
|-------|------|----|
| (Form | 990) | |

(E)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

| Internal Revenue Service | Department of the Treasury |
|--------------------------|----------------------------|
| | Internal Revenue Service |

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

| Nam | Vame of the organization Employer identification number | | | | | | |
|--------|---|---------------------|-------------------------------|------------------|--------------|--------------------------|------------------------|
| WOO | DDS HOLE OCEANOGRAPHIC | | | | | | 105850 |
| Pa | rt I Reason for Public Cha | arity Status. (All | organizations must | comple | ete this p | part.) See instruction | IS. |
| The | organization is not a private four | ndation because it | is: (For lines 1 throug | gh 12, ch | eck only | one box.) | |
| 1 | A church, convention of chu | irches, or associat | ion of churches desci | ibed in s | ection 1 | 70(b)(1)(A)(i). | |
| 2 | A school described in section | on 170(b)(1)(A)(ii) | . (Attach Schedule E | Form 99 | 0).) | | |
| 3 | A hospital or a cooperative | hospital service of | rganization described i | n sectio | n 170(b) | (1)(A)(iii). | |
| 4 | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the | | | | | | |
| | hospital's name, city, and state: | | | | | | |
| 5 | An organization operated f | or the benefit of | a college or universit | y owned | d or ope | rated by a governme | ntal unit described in |
| | section 170(b)(1)(A)(iv). (C | omplete Part II.) | | | | | |
| 6 | A federal, state, or local go | vernment or gover | mmental unit describe | d in sect | ion 170(| b)(1)(A)(v). | |
| 7 | X An organization that norma | ally receives a sub | stantial part of its su | pport fro | om a go | vernmental unit or fro | om the general public |
| | described in section 170(b) | | | | | | |
| 8 | A community trust describe | d in section 170(b |)(1)(A)(vi). (Complete | Part II.) | | | |
| 9 | An agricultural research org | ganization describe | ed in section 170(b)(1 |)(A)(ix) (| operated | I in conjunction with a | land-grant college |
| | or university or a non-land- | grant college of ag | riculture (see instruct | ions). Er | nter the i | name, city, and state of | the college or |
| | university: | | | | | | |
| 10 | An organization that norma receipts from activities rela | lly receives (1) mo | re than 331/3 % of its | support | from cor | ntributions, membersh | ip fees, and gross |
| | support from gross investm | ent income and ur | nrelated business tax | able inco | me (les | s section 511 tax) from | businesses |
| | acquired by the organizatio | | | | | | |
| 11 | An organization organized a | - | - | - | | | |
| 12 | An organization organized a | • | • | | | | |
| | one or more publicly support | • | | | | | |
| | the box on lines 12a throug | | | | | - | - |
| а | Type I. A supporting orga | | | | | • | |
| | the supported organizatio | | | | ajority of | the directors or truste | es of the |
| _ | supporting organization. | • | | | | | |
| b | Type II. A supporting org | | | | | | |
| | control or management o | | | the sam | e persor | is that control or man | age the supported |
| - | organization(s). You must | • | | 4 a al 1 a - a - | | a with and functional | he internete desite |
| С | Type III functionally integ | | | | | | ly integrated with, |
| ام | its supported organization | | | | | | had arganization(a) |
| d | Type III non-functionally | | | - | | | |
| | that is not functionally inte | | | - | | | an allentiveness |
| ~ | requirement (see instructi | - | | | | | |
| e | functionally integrated, or | | | | | | і, туре ш |
| f | Enter the number of supported | | | porting c | nyanizai | юп. | |
| a | Provide the following information | 0 | | | | | ••••• |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization | (iv) Is the | organization | (v) Amount of monetary | (vi) Amount of |
| | () rand of supported organization | (, | (described on lines 1-10 | listed in you | ur governing | support (see | other support (see |
| | | | above (see instructions)) | docur Yes | nent? No | instructions) | instructions) |
| | | | | 163 | | | |
| (A) | | | | | | | |
| | | | | | | | |
| (B) | | | | | | | |
| \sim | | | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 2E1210 1.000 SI8053 7377

04-2105850

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| 3 The value of services facilities furnished by a governmental unit to the organization without charge | Sec | tion A. Public Support | | | | | | |
|--|-------|---|--------------------|-----------------|-------------------|------------------|-----------------|----------------|
| membership fees received. (20 not include any "unusual grants"), | Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| or expended on its behalf work 3 The value of services or facilities furnished by a governmental unit to the organization without charge 195, 530, 700 252, 464, 364 247, 862, 114 286, 415, 539 342, 645, 534 1, 624, 916, (75, 342, 645, 534 4 Total. Add lines 1 through 3 195, 530, 700 252, 464, 364 247, 862, 114 286, 415, 539 342, 645, 534 1, 624, 916, (75, 342, 645, 534 1, 62, 645, (75, 622, 126, 126, 126, 126, 126, 126, 126 | 1 | membership fees received. (Do not | 195,530,700. | 252,464,384. | 247,862,118. | 286,413,539. | 342,645,334. | 1,324,916,075. |
| furnished by a governmental unit to the organization without charge | 2 | organization's benefit and either paid to | | | | | | NONE |
| 5 The portion of total contributions by accel person (other than a governmental unit or publicly supported organization) included on line that seeceds 2% of the amount stown on line 11, column (1) | 3 | furnished by a governmental unit to the | | | | | | NONE |
| each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | 4 | Total. Add lines 1 through 3 | 195,530,700. | 252,464,384. | 247,862,118. | 286,413,539. | 342,645,334. | 1,324,916,075. |
| 6 Public support. Subtract line 5 from line 4 1,306,126,475. Section B. Total Support (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Calendar year (or fiscal year beginning in) payments from line 4. 195,530,700. 252,464,384. 247,862,118. 286,413,539 342,645,334. 1,324,916,075. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources -1,492,012. -1,103,704. -1,204,438. -2,617,221. -106,985. -6,524,360. 9 Net income from unrelated business activities, whether or not the business is regularly carried on not module gain or loss from the sale of capital assets. 956,661. 2,030,523. 798,950. 3,273,412. 67,002. 7,126,548. 10 Other income. Do not include gain or loss from the sale of capital assets. 1,160,086. 426,646. 146,944. 218,107. 2,667,661. 4,619,444. 11 Total support. Add lines 7 through 10. 12 37,609,645. 37,609,645. 33,137. 33,137. 37,609,645. 13 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 97,38.42. 97,38.42. <td>5</td> <td>each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | 5 | each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | | | | | | |
| Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 195,530,700. 252,464,384 247,862,118 286,413,539 342,645,334 1,324,916,075. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalles, and income from unrelated business is regularly carried on -1,492,012. -1,103,704. -1,204,438. -2,617,221. -106,995. -6,524,360. 9 Net incomes from unrelated business is regularly carried on 956,661. 2,030,523. 798,950. 3,273,412. 67,002. 7,126,548. 10 Other income. Do not include gain or loss from the sale of capital assets (replain in Part VI.) 1,160,086. 426,646. 146,944. 218,107. 2,667,661. 4,619,444. 11 Total support. Add lines 7 through 10 . 1,160,086. 426,646. 146,944. 218,107. 2,667,661. 4,619,444. 12 37,609,645. 1,160,086. 426,646. 146,944. 218,107. 2,677,661. 4,619,444. 13 First 5 years. <td< td=""><td>_</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<> | _ | | | | | | | |
| Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from lines 4 195,530,700. 252,464,384. 247,862,118. 286,413,539. 342,645,334. 1,324,916,075. 8 Gross income from interest, dividends, rents, royatiles, and income from similar sources -1,492,012. -1,103,704. -1,204,438. -2,617,221. -106,985. -6,524,360. 9 Net income from unrelated business activities, whether on the business is regularly carried on 956,661. 2,030,523. 798,950. 3,273,412. 67,002. 7,126,548. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1,160,086. 426,646. 146,944. 218,107. 2,667,661. 4,619,444. 11 Total support. Add lines 7 through 10. 1 1,330,137,707. 12 37,609,645. 31 First 5 years. If the Form 90 is for the organizations first, second, third, fourth, or fifth tax years a section 501(c)(3) 14 98.2.1 %. 9 Public support percentage for 2022. (line 6, column (f), divided by line 11, column (f)) 14 98.2.1 %. 14 Public support test - 2022. If the organization did no | | | | | | | | 1,306,326,475. |
| 7 Amounts from line 4 195, 530, 700. 252, 464, 384. 247, 862, 118. 286, 413, 539. 342, 645, 334. 1, 324, 916, 073. 8 Gross income from interest, dividends, payments received on securities leans, rents, royalties, and income from similar sources -1, 492, 012. -1, 103, 704. -2, 617, 221. -106, 985. -6, 524, 360. 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 956, 661. 2, 030, 523. 798, 950. 3, 273, 412. 67, 002. 7, 126, 548. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). .sset, supp. Add lines 7 through 10. 1 1.330, 137, 707. 12 Gross receipts from related activities, etc. (see instructions) 12 37, 609, 645. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 98. 2.1 %. 14 Public support percentage from 2022 (line 6, column (f), divided by line 11, column (f)) 14 98. 2.1 %. 15 97.38 % and stop here. The organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization dualifies as a publicly supported organization 14 98. 2.1 %. 15 <td< td=""><td></td><td>• •</td><td>() 0040</td><td>(1) 0040</td><td>() 0000</td><td>()) 0001</td><td>() 0000</td><td>(0 T ()</td></td<> | | • • | () 0040 | (1) 0040 | () 0000 | ()) 0001 | () 0000 | (0 T () |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from securities loans, rents, royatiles, and income from securities loans, rents, royatiles, and income from unrelated business activities, whether or not the business is regularly carried on | | | . / | | . , | . , | | |
| activities, whether or not the business is regularly carried on | | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from | | | | | | |
| loss from the sale of capital assets (Explain in Part VI.)set, supp. page | 9 | activities, whether or not the business | 956,661. | 2,030,523. | 798,950. | 3,273,412. | 67,002. | 7,126,548. |
| 12 Gross receipts from related activities, etc. (see instructions) 12 37,609,645. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 98.21 % Section C. Computation of Public Support Percentage 14 98.21 % 14 98.21 % 15 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 98.21 % 16a 331/3 % support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 1 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 31/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 1 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain i | 10 | loss from the sale of capital assets | 1,160,086. | 426,646. | 146,944. | 218,107. | 2,667,661. | 4,619,444. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 98.21 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 97.38 % 16a 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Ix b 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization Ix 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization Ix 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, chec | 11 | Total support. Add lines 7 through 10 | | | | | | 1,330,137,707. |
| organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 98.21 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 97.38 % 16a 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. Image: Column (f) b 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Column (f) b 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Column (f) 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization . Image: Column f) b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization me | 12 | Gross receipts from related activities, etc. (s | ee instructions) . | | | | 12 | 37,609,645. |
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 98.21 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 97.38 % 16a 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. Image: Column (f) b 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Image: Column (f) 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies as a publicly support test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a p | 13 | organization, check this box and stop here | <u></u> | <u></u> | l, third, fourth, | or fifth tax yea | ar as a section | 501(c)(3) |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | Sec | · · · · · · · · · · · · · · · · · · · | • | - | | | | |
| 16a 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | 14 | | | | | | | |
| box and stop here. The organization qualifies as a publicly supported organization. 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization for the text a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | 15 | | | | | | | |
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| this box and stop here. The organization qualifies as a publicly supported organization | | | • | | • | | | |
| 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | b | | | | | | | |
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| Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | 17a | | | - | | | | |
| b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | | _ | | | | | - | - |
| b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | | - | | | - | - | | |
| 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | h | | | | | | | |
| in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | D | | - | - | | | | |
| organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | | - | | | | | - | - |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see | | _ | | | - | - | | |
| | 18 | | | | | | | |
| | 10 | - | | | | | | |

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | | | | | | |
|--------------|---|------------------------|----------------------|-------------------|-----------------|----------------|----------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 . | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | | | • |
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, royalties, and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| с | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included on line 10b, whether | | | | | | |
| | or not the business is regularly carried on. | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for | r the organizati | on's first, secor | d, third, fourth, | or fifth tax ye | ar as a sectio | n 501(c)(3) |
| | organization, check this box and stop here | | | | | | |
| Sec | tion C. Computation of Public Sup | | | | | | |
| 15 | Public support percentage for 2022 (line 8 | , column (f), divid | led by line 13, colu | ımn (f)) | | 15 | % |
| 16 | Public support percentage from 2021 Sche | edule A, Part III, lii | ne 15 | | | 16 | % |
| Sec | tion D. Computation of Investmen | | | | | | |
| 17 | Investment income percentage for 2022 (lin | ne 10c, column (| f), divided by line | 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from 2021 | Schedule A, Part | III, line 17 | | | 18 | % |
| 19 a | 331/3% support tests - 2022. If the or | | | | | | %, and line |
| | 17 is not more than 331/3%, check this | | | | | | |
| b | 331/3% support tests - 2021. If the org | - | - | • | | | |
| | line 18 is not more than 331/3%, check | | | | | | |
| 20 | Private foundation. If the organization | did not check | a box on line | 14, 19a, or 19b | check this bo | x and see inst | ructions |
| JSA 2E122 | 1 1 000 | | | | | | le A (Form 990) 2022 |

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

- Has the organization accepted a gift or contribution from any of the following persons?a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - **b** A family member of a person described on line 11a above?
 - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI.**

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru- | uctions) | |
|---|--|------------|------|
| а | The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | instructio | ns). |
| • | | Yes | s No |
| | Activities Test Answer lines 2a and 2b below | | |

| 2 | Activities Test. Answer lines za and zo below. | | 1 | |
|---|---|----|---|--|
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would</i> | | | |
| | have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

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Yes No

Yes No

11a

11b

11c

1

2

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Schedule A (Form 990) 2022 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

6

Schedule A (Form 990) 2022

| Schedu | le A (Form 990) 2022 | | | | Page 7 |
|--------|---|-----------------------------|---------------------------------------|----|---|
| Part | V Type III Non-Functionally Integrated 509(a)(3) | Supporting Organizat | t ions (continued) | | |
| Sect | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exer | npt purposes of support | ed | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpo | eses of supported organized | zations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - p | | 5 | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2022 | S | (iii) Distributable Amount for 2022 |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 | | | | |
| | (reasonable cause required - <i>explain in Part VI).</i> See | | | | |
| | instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | |
| a | From 2017 | | | | |
| b | From 2018 | | | | |
| C | From 2019 | | | | |
| d | From 2020 | | | | |
| e | From 2021 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2022 distributable amount | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2022 from | | | | |
| | Section D, line 7: \$ | | | | |
| a | Applied to underdistributions of prior years | | | | |
| b | Applied to 2022 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2022, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | | |
| | greater than zero, <i>explain in Part VI.</i> See instructions. | | | | |
| 6 | Remaining underdistributions for 2022. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | |
| 8 | and 4c. Breakdown of line 7: | | | | |
| | Excess from 2018 | | | | |
| b | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| d | Excess from 2021 | | | | |
| e | Excess from 2022 | | | | |
| ~ | | | | | |

Schedule A (Form 990) 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

| SCHEDULE A, PART II - OTHER INCO |
|----------------------------------|
|----------------------------------|

| DESCRIPTION | 2018 | 2019 | 2020 | 2021 | 2022 | TOTAL |
|--------------|------------|----------|----------|----------|------------|------------|
| OTHER INCOME | 1,160,086. | 426,646. | 146,944. | 218,107. | 2,667,661. | 4,619,444. |
| | | | | | | |
| TOTALS | 1,160,086. | 426,646. | 146,944. | 218,107. | 2,667,661. | 4,619,444. |
| | | | | | | |

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Page 8

| • | anization | | | | entification number |
|--|--|--|---|--|---|
| WOODS HO | DLE OCEANOGRAPH | IC INSTITUTION | | 04-2 | 105850 |
| Part I-A | Complete if the c | organization is exempt under | section 501(c) or | is a section 527 orga | nization. |
| 1 Provide | e a description of tl | ne organization's direct and ind | irect political camp | aign activities in Part | IV. See instructions f |
| definiti | ion of "political campa | ign activities." | | | |
| | | xpenditures. See instructions | | | |
| | eer hours for political | campaign activities. See instruction | ons | | |
| Part I-B | | organization is exempt under | | | |
| 1 Enter t | the amount of any exc | cise tax incurred by the organization | on under section 495 | 5\$ | |
| | | cise tax incurred by organization m | | | |
| | | a section 4955 tax, did it file Form | | | |
| | | | | | Yes N |
| | s," describe in Part IV. | organization is exempt under | a contian E01(a) a | reaction E04/a// |) \ |
| Part I-C | | • | · /· | | <i>)</i> . |
| | | xpended by the filing organization | | | |
| | | g organization's funds contributed | | | |
| | | enditures. Add lines 1 and 2. En | | | |
| 4 Did the | e filing organization file | e Form 1120-POL for this year? | | | Yes N |
| organiz the arr | zation made payment nount of political cont | and employer identification numb s. For each organization listed, er ributions received that were pron ad or a political action committee (| nter the amount pain nptly and directly de | d from the filing organizelivered to a separate po | zation's funds. Also en olitical organization, su |
| organiz the arr | zation made payment nount of political cont | s. For each organization listed, er ributions received that were pron | nter the amount pain nptly and directly de | d from the filing organizelivered to a separate po | zation's funds. Also ent olitical organization, su information in Part IV. (e) Amount of political contributions received au promptly and directly |
| organiz the am as a se | zation made payment nount of political cont eparate segregated fur | s. For each organization listed, er ributions received that were prom nd or a political action committee (| nter the amount painptly and directly de (PAC). If additional sp | d from the filing organiz elivered to a separate po bace is needed, provide (d) Amount paid from filing organization's | zation's funds. Also ent olitical organization, su information in Part IV. (e) Amount of political contributions received ar promptly and directly delivered to a separate political organization. |
| organiz the am as a se | zation made payment nount of political cont eparate segregated fur | s. For each organization listed, er ributions received that were prom nd or a political action committee (| nter the amount painptly and directly de (PAC). If additional sp | d from the filing organiz elivered to a separate po bace is needed, provide (d) Amount paid from filing organization's | zation's funds. Also ent olitical organization, su information in Part IV. (e) Amount of political contributions received as promptly and directly delivered to a separate political organization. |
| organiz the am as a se 1) 2) | zation made payment nount of political cont eparate segregated fur | s. For each organization listed, er ributions received that were prom nd or a political action committee (| nter the amount painptly and directly de (PAC). If additional sp | d from the filing organiz elivered to a separate po bace is needed, provide (d) Amount paid from filing organization's | zation's funds. Also end olitical organization, su information in Part IV. (e) Amount of political contributions received as promptly and directly delivered to a separate political organization. |
| organiz the am as a se (1) (2) (3) | zation made payment nount of political cont eparate segregated fur | s. For each organization listed, er ributions received that were prom nd or a political action committee (| nter the amount painptly and directly de (PAC). If additional sp | d from the filing organiz elivered to a separate po bace is needed, provide (d) Amount paid from filing organization's | zation's funds. Also emplitical organization, su information in Part IV. (e) Amount of political contributions received a promptly and directly delivered to a separate political organization. |
| organiz the am as a se (1) (2) (3) | zation made payment nount of political cont eparate segregated fur | s. For each organization listed, er ributions received that were prom nd or a political action committee (| nter the amount painptly and directly de (PAC). If additional sp | d from the filing organiz elivered to a separate po bace is needed, provide (d) Amount paid from filing organization's | zation's funds. Also ent olitical organization, su information in Part IV. (e) Amount of political contributions received as promptly and directly delivered to a separate political organization. |
| organi: the am as a se (1) (2) (3) (4) | zation made payment nount of political cont eparate segregated fur | s. For each organization listed, er ributions received that were prom nd or a political action committee (| nter the amount painptly and directly de (PAC). If additional sp | d from the filing organiz elivered to a separate po bace is needed, provide (d) Amount paid from filing organization's | zation's funds. Also emplitical organization, su information in Part IV. (e) Amount of political contributions received a promptly and directly delivered to a separate political organization. |
| organiz the arr | zation made payment nount of political cont eparate segregated fur | s. For each organization listed, er ributions received that were prom nd or a political action committee (| nter the amount painptly and directly de (PAC). If additional sp | d from the filing organiz elivered to a separate po bace is needed, provide (d) Amount paid from filing organization's | zation's funds. Also end olitical organization, su information in Part IV. (e) Amount of political contributions received as promptly and directly delivered to a separate political organization. |

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Internal Revenue Service If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

SCHEDULE C

Department of the Treasury

(Form 990)

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

ete Part II-A.

lf rt V, line 35c (Proxy Т

| • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete | Part II-B. Do not comple | | | | | |
|---|--------------------------|--|--|--|--|--|
| the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) ax) (See separate instructions), then | or Form 990-EZ, Par | | | | | |
| Section 501(c)(4), (5), or (6) organizations: Complete Part III. | | | | | | |
| ame of organization | Employer identification | | | | | |
| OODS HOLE OCEANOGRAPHIC INSTITUTION | 04-210585 | | | | | |
| Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization | | | | | | |
| A Description of a second second second in the second second section of the second s | Hina in Dant N/ Ca | | | | | |

| 1 | Provide a description | of the | organization's | direct | and | indirect | political | campaign | activities | in | Part | IV. | See | instructions | for |
|---|----------------------------|--------|----------------|--------|-----|----------|-----------|----------|------------|----|------|-----|-----|--------------|-----|
| | definition of "political c | ampaig | n activities." | | | | | | | | | | | | |

| 4 | | |
|------------|------|--|
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| Sch | edule C (Form 990) 2022 WOODS | HOLE OCEANOGRAPHIC INSTITUTION | 04- | -2105850 Page 2 |
|--------|---|--|----------------------------------|------------------------------------|
| Pa | art II-A Complete if the organization section 501(h)). | on is exempt under section 501(c)(3) and | filed Form 5768 (elec | tion under |
| Α | | longs to an affiliated group (and list in Part IV e of excess lobbying expenditures). | ach affiliated group meml | per's name, address, |
| В | Check if the filing organization check | ecked box A and "limited control" provisions app | oly. | |
| | | ying Expenditures eans amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
| b c | Total lobbying expenditures to influence Total lobbying expenditures (add lines 1 Other exempt purpose expenditures Total exempt purpose expenditures (add | public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) e amount from the following table in both | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| | Not over \$500,000 | 20% of the amount on line 1e. | | |
| | 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. | | |
| g | g Grassroots nontaxable amount (enter 25 | 5% of line 1f) | | |
| h | | ess, enter -0- | | |
| i | Subtract line 1f from line 1c. If zero or le | ss, enter -0- | | |
| j | | on either line 1h or line 1i, did the organiza | | |
| | | <u></u> | | Yes No |
| | 4 | 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 separate instructions for lines 2a through 2f.)

| | | Lobbying Expend | ditures During 4-Ye | ear Averaging Period | | |
|----|--|-----------------|---------------------|----------------------|-----------------|------------------|
| | Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| с | Total lobbying expenditures | | | | | |
| d | Grassroots nontaxable amount | | | | | |
| е | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f | Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990) 2022

| Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 |
|-----------|--|
| | (election under section 501(h)). |

| For | For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed | | a) | (b) |
|-----|--|--------|--------|----------|
| | cription of the lobbying activity. | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local | | | |
| | legislation, including any attempt to influence public opinion on a legislative matter or | | | |
| | referendum, through the use of: | | | |
| а | Volunteers? | | Х | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?. | | Х | |
| С | Media advertisements? | | Х | |
| d | Mailings to members, legislators, or the public? | X | | 7. |
| е | Publications, or published or broadcast statements? | | Х | |
| f | Grants to other organizations for lobbying purposes? | | Х | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 4,654. |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | X | | 46. |
| i | Other activities? | X | | 97,720. |
| j | Total. Add lines 1c through 1i | | | 102,427. |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| С | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |
| Pa | t III-A Complete if the organization is exempt under section 501(c)(4), section 501 | (c)(5) | , or s | section |

| | 501(c)(6). | | | |
|---|---|---|-----|----|
| | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | 1 | | |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | | |
| 3 | Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | | |

| Par | t III-B | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or s | ectio | on | |
|-----|---------|--|----------|-----------|------|
| | | 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Par | 't III-A | A, line 3 | , is |
| | | answered "Yes." | | | |
| | Dura | | 4 | | |

| 1 | Dues, assessments and similar amounts from members | 1 | |
|---|--|----|--|
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of | | |
| | political expenses for which the section 527(f) tax was paid). | | |
| а | Current year | 2a | |
| | Carryover from last year. | | |
| | Total | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the | | |
| | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying | | |
| | and political expenditures next year? | 4 | |
| 5 | Taxable amount of lobbying and political expenditures. See instructions. | 5 | |
| | | | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

LOBBYING ACTIVITY EXPLANATION 2022

THE WOODS HOLE OCEANOGRAPHIC INSTITUTION DID NOT PARTICIPATE OR INTERVENE IN ANY POLITICAL CAMPAIGNS. THE WOODS HOLE OCEANOGRAPHIC INSTITUTION EMPLOYS A DIRECTOR OF GOVERNMENT RELATIONS TO ADVOCATE ON A BROAD RANGE OF POLICY AND SPENDING LEGISLATION RELATING TO OCEAN SCIENCE. SPECIFICALLY, WHOI SUPPORTS INCREASED FUNDING FOR COMMUNITY-WIDE COMPETITIVE OCEAN SCIENCE GRANT PROGRAMS IN THE US NAVY, THE NATIONAL SCIENCE FOUNDATION, AND THE NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION. IN ADDITION, THE INDIVIDUAL REPORTS TO WOODS HOLE OCEANOGRAPHIC INSTITUTION ON FEDERAL POLICY AND POLITICAL ISSUES OF INTEREST TO AND/OR FACING THE INSTITUTION. THERE WERE NO DIRECT LOBBYING EXPENSES IN 2022.

THE ORGANIZATION PAID MEMBERSHIP DUES OF \$46 TO MEMBER ORGANIZATIONS WHICH MAY ENGAGE IN LOBBYING ACTIVITIES. THEREFORE, A PORTION OF THE DUES MAY BE ATTRIBUTABLE TO LOBBYING ACTIVITIES. NO ADDITIONAL COSTS WERE INCURRED FOR MAILINGS.

WHOI ALSO PROVIDES EXPERT ADVICE TO CONGRESS ON OCEAN MATTERS INCLUDING ENVIRONMENTAL QUALITY, CLIMATE CHANGE AND MARINE RESOURCES.

WHOI ALSO ENGAGED A CONSULTANT TO LOBBY ON ISSUES, PROJECTS AND LEGISLATION RELATED TO OCEAN SCIENCE WITH THE STATE OFFICES AND LEGISLATURE OF THE COMMONWEALTH OF MASSACHUSETTS.

| SCHEE | DULE D |
|-------|--------|
| (Form | 990) |

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

20 **Open to Public** Inspection

OMB No. 1545-0047

| Internal Revenue Service | |
|--------------------------|--|
| Name of the organization | |

Department of the Treasury

| Nam | e of the organization | | Employer identification number |
|-----|---|---|--|
| WO | ODS HOLE OCEANOGRAPHIC INSTITUTION | | 04-2105850 |
| | art I Organizations Maintaining Donor Advi | sed Funds or Other Similar Funds or | r Accounts. |
| | Complete if the organization answered | "Yes" on Form 990, Part IV, line 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor | advisors in writing that the assets held | in donor advised |
| • | funds are the organization's property, subject to the | 5 | |
| 6 | Did the organization inform all grantees, donors, a | | |
| °. | only for charitable purposes and not for the benef | | |
| | conferring impermissible private benefit? | | |
| Pa | art II Conservation Easements. | | |
| | Complete if the organization answered | "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the | | |
| | Preservation of land for public use (for example, | | of a historically important land area |
| | Protection of natural habitat | | of a certified historic structure |
| | X Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization he | ld a qualified conservation contribution ir | the form of a conservation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a 4 |
| b | Total acreage restricted by conservation easements | | 2b 16.09 |
| c | Number of conservation easements on a certified h | | 2c |
| d | Number of conservation easements included in (c) | | |
| ŭ | a historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, trar | | |
| • | tax year | | |
| 4 | Number of states where property subject to conser | vation easement is located | 1 |
| 5 | Does the organization have a written policy reg | | tion, handling of |
| | violations, and enforcement of the conservation eas | | - |
| 6 | Staff and volunteer hours devoted to monitoring, inspe- | | |
| | 12.00 | | |
| 7 | Amount of expenses incurred in monitoring, inspect | ing, handling of violations, and enforcing c | onservation easements during the year |
| | 1,278. | | |
| 8 | Does each conservation easement reported on line 2 | (d) above satisfy the requirements of section | ion 170(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization rep | oorts conservation easements in its re | evenue and expense statement and |
| | balance sheet, and include, if applicable, the text | of the footnote to the organization's fir | nancial statements that describes the |
| | organization's accounting for conservation easemer | | |
| Pa | art III Organizations Maintaining Collections | | r Similar Assets. |
| | Complete if the organization answered | "Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FA | SB ASC 958, not to report in its revenu | e statement and balance sheet works |
| | of art, historical treasures, or other similar asset service, provide in Part XIII the text of the footnote t | o its financial statements that describes t | hese items. |
| b | If the organization elected, as permitted under FA | | |
| | art, historical treasures, or other similar assets hel | d for public exhibition, education, or res | |
| | provide the following amounts relating to these iten | ns: | |
| | (i) Revenue included on Form 990, Part VIII, line 1. | | |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of ar | | assets for financial gain, provide the |
| | following amounts required to be reported under FA | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| b | | | S |

Schedule D (Form 990) 2022

| _ | | | NOGRAPHIC INST | | | 2105850 | Page 2 |
|---------|--|-------------------------------------|-------------------------|-----------------------|----------------------|---------------|----------|
| | rt III Organizations Maintaini | | | | | | |
| 3 | Using the organization's acquisition collection items (check all that app | | | | | nificant us | e of its |
| а | x Public exhibition | | | or exchange progra | am | | |
| b | x Scholarly research | | e Othe | · | | | |
| С | X Preservation for future gener | | | | | | |
| 4 | Provide a description of the organ | nization's collectio | ns and explain how | they further the or | rganization's exemp | t purpose | in Part |
| _ | XIII. | | | | | | |
| 5 | During the year, did the organization | | | | - | _ | — |
| | assets to be sold to raise funds rath | | ntained as part of the | organization's colle | ction? | Yes | X No |
| Pa | rt IV Escrow and Custodial A | • | (aa" an Earm 000 | Dort IV/ line 0, or i | reported on amou | ot on For | ~ |
| | Complete if the organiza 990, Part X, line 21. | | | | | | m |
| 1a | 5 | | - | | _ | | — |
| _ | included on Form 990, Part X? | | | | | Yes | No |
| b | If "Yes," explain the arrangement in | n Part XIII and cor | nplete the following ta | ible: | • | | |
| | | | | | Amount | | |
| c | Beginning balance | | | | | | |
| d | Additions during the year | | | | | | |
| e | Distributions during the year | | | | | | |
| f | Ending balance | | | | | Yes | No |
| 2a | Did the organization include an am | | | | | | |
| | If "Yes," explain the arrangement in rt V Endowment Funds. | Part All. Check | | n has been provided | | <u></u> | |
| Га | rt V Endowment Funds. Complete if the organiza | tion answered " | es" on Form 990 | Part IV line 10 | | | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four ye | ars back |
| 4 | Designing of year belongs | 513,017,766. | 469,357,845. | 434,028,549. | 417,536,924. | 437,70 | |
| 1a ⊾ | Beginning of year balance | 33,205,942. | 821,485. | 1,684,014. | 6,390,133. | | 0,023. |
| b | | 33,203,912. | 021,103. | 1,001,011. | 0,550,155. | 2,70 | 0,025. |
| С | Net investment earnings, gains, | -59,808,324. | 63,694,436. | 54,343,282. | 40,486,309. | -2.67 | 0,105. |
| لہ | and losses | 55,000,5211 | | 51/515/2021 | 10,100,000. | 2707 | 0,1001 |
| a | Grants or scholarships | | | | | | |
| е | Other expenditures for facilities | 21,247,000. | 20,856,000. | 20,698,000. | 30,384,817. | 20.20 | 2,958. |
| | and programs | 21/21//0001 | 20,000,0001 | 20,000,0001 | 50,501,01,1 | 20,20 | 2,,,,, |
| f | Administrative expenses | 465,168,384. | 513,017,766. | 469,357,845. | 434,028,549. | 417,53 | 6.924. |
| g | End of year balance | | | | | , | |
| 2 a | Board designated or quasi-endown | | | , column (a)) neiù a | 5. | | |
| b | Permanent endowment 25.25 | | • • • | | | | |
| с | Term endowment 56.3600 % | | | | | | |
| | The percentages on lines 2a, 2b, a | nd 2c should equa | l 100%. | | | | |
| 3a | Are there endowment funds not in | | | t are held and admi | nistered for the | | |
| | organization by: | | • | | | Ye | es No |
| | (i) Unrelated organizations | | | | | 3a(i) | X |
| | (ii) Related organizations | | | | | 3a(ii) | X |
| b | If "Yes" on line 3a(ii), are the relate | d organizations lis | ted as required on Sc | hedule R? | | 3b | |
| 4 | Describe in Part XIII the intended u | | zation's endowment fu | unds. | | - | |
| Pa | rt VI Land, Buildings, and Equ Complete if the organization | iipment. ation answered " | Yes" on Form 990, | Part IV, line 11a. | See Form 990, Pa | art X, line | 10. |
| | Description of property | | | | cumulated (c | I) Book value | e |
| 1a | Land | | , | 226,117. | | 4,231 | ,364. |
| b | Buildings | | | 485,538. 134,1 | 70,282. | 87,890 | |
| c | Leasehold improvements | | | | 77,550. | 3,717 | |
| d | Equipment | | | | 278,304. | 6,541 | |
| e | Other | | | |)72,475. | 18,227 | |
| | I. Add lines 1a through 1e. (Column | (d) must equal Fo | | nn (B), line 10c.) | | L20,608 | |
| | | | | | | ulo D /Form | |

Schedule D (Form 990) 2022

JSA 2E1269 1.000

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) PVT EQTY, VENTURE CAP, & OTHER | 418,110,659. | FMV |
| (B) SHORT-TERM LIQUIDITY FUND | 23,844,212. | FMV |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 441,954,871. | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|-----------------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (| a) Description of liability | (b) Book value |
|--|-----------------------------|----------------|
| (1) Federal income taxes | | |
| (2)ACCRUED PENSION LIABILITY | | 37,041,900. |
| (3)DEFERRED FIXED RATE VARIANCE | | 4,203,723. |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (| B) line 25.) | 41,245,623. |

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

| Schedu | Ile D (Form 990) 2022 WOODS HOLE OCEANOGRAPHIC INSTITUTION | 04- | -2105850 Page 4 | | |
|---|---|-------------------------|--|--|--|
| Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. | | | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 249,838,718. | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments 2a -51,711,157. | | | | |
| b | Donated services and use of facilities | | | | |
| с | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) 2d -62,136,118. | | | | |
| е | Add lines 2a through 2d | 2e | -113,629,619. | | |
| 3 | Subtract line 2e from line 1 | 3 | 363,468,337. | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a 3, 275, 341. | | | | |
| b | Other (Describe in Part XIII.) | | | | |
| с | Add lines 4a and 4b | 4c | -9,616,807. | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 353,851,530. | | |
| | | U | 333,031,330. | | |
| | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu | | 333,031,330. | | |
| | | | | | |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu | | 291,522,138. | | |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | irn. | | | |
| Part 1 | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | irn. | | | |
| Part 1 2 | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | irn. | | | |
| Part 1 2 a | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | irn. | | | |
| Part 1 2 a b | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | irn. | | | |
| Part 1 2 a b c | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | irn. | | | |
| Part 1 2 a b c d | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 1 1 | 291,522,138. | | |
| Part 1 2 a b c d e | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 1 2e | 291,522,138. | | |
| Part 1 2 a b c d e 3 | XIIReconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statements | 1 2e | 291,522,138. | | |
| Part 1 2 a b c d e 3 4 | XIIReconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statements | 1 2e | 291,522,138. | | |
| Part 1 2 a b c d e 3 4 a | XIIReconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statements | 1 2e | 291,522,138. | | |
| Part 1 2 a b c d e 3 4 a b | XIIReconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statements | 1 1 2e 3 4c | 291,522,138. 653,856. 290,868,282. | | |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

CONSERVATION EASEMENTS

FORM 990, SCHEDULE D, PART II, LINE 5 FACILITIES OFFICE PERSONNEL WALK THE CONSERVATION EASEMENT AREAS TWICE A YEAR TO ENSURE THAT THERE ARE NO ENCROACHMENTS ON THE 16.09 ACRES AND THAT THERE ARE NO PROHIBITED USES AS DEFINED IN THE TERMS OF THE CONSERVATION RESTRICTIONS.

FORM 990, SCHEDULE D, PART II, LINE 9

THE WOODS HOLE OCEANOGRAPHIC INSTITUTION'S CONSERVATION EASEMENTS ARE NOT ACCOUNTED FOR SEPARATELY, BUT ARE INCLUDED AS PART OF LAND ON THE BALANCE SHEET.

ORGANIZATIONS MAINTAINING COLLECTIONS OF ART, HISTORICAL TREASURES, OR

OTHER SIMILAR ASSETS

FORM 990, SCHEDULE D, PART III, LINE 4

IN 2013, WOODS HOLE OCEANOGRAPHIC INSTITUTION (WHOI) ADDED THE DEEPSEA CHALLENGER, A HUMAN OCCUPIED SUBMERSIBLE VEHICLE, TO ITS COLLECTION. WHOI SCIENTISTS AND ENGINEERS COLLABORATED WITH THE DEEPSEA CHALLENGE RENGINEERING TEAM TO CONDUCT A FULL SYSTEM SURVEY, COMPLETELY DISASSEMBLING AND REASSEMBLING THE VEHICLE, AND TO DOCUMENT AND DETAIL THE DESIGN APPROACH TO THE VEHICLE'S SUBSYSTEMS. WHOI ENGINEERS HAVE PRESENTED THEIR FINDINGS TO THE OCEAN ENGINEERING COMMUNITY AND INFORMATION ABOUT THE DEEPSEA CHALLENGER IS INCLUDED ON WHOI'S WEBSITE. THE VEHICLE WAS DAMAGED IN A FIRE, HAD COSMETIC/DISPLAY REPAIRS COMPLETED, AND IS NOW MOVING FROM MUSEUM TO MUSEUM FOR SHORT-TERM

EXHIBITS.

INTENDED USE OF ENDOWMENT FUND

FORM 990, SCHEDULE D, PART V, LINE 4 -PROVIDE A STREAM OF INCOME IN SUPPORT OF ANNUAL BUDGETARY NEEDS. -PRESERVE AND ENHANCE THE REAL (INFLATION-ADJUSTED) PURCHASING POWER. -PROVIDE SUPPORT FOR CAPITAL INVESTMENT NEEDS AS THEY ARISE.

OTHER LIABILITIES

SCHEDULE D, PART X, LINE 2

WOODS HOLE OCEANOGRAPHIC INSTITUTION DOES NOT HAVE A FIN 48 FOOTNOTE IN ITS FINANCIAL STATEMENTS.

REVENUE INCLUDED ON BOOKS BUT NOT ON RETURN

| FORM 990, SCHEDULE D, PART XI, LINE 2D | |
|--|----------------|
| PENSION RELATED CHANGES OTHER THAN COST | (\$54,503,382) |
| RETURN ON INVESTMENT FOR RETIREE & ACTIVE MED. | (\$2,872,006) |
| NET PERIODIC BENEFIT COST | (\$2,275,884) |
| SWAP INTEREST EXPENSE | (\$2,085,000) |
| CHANGE IN SPLIT-INTEREST AGREEMENTS | (\$399,846) |
| | |
| TOTAL | (\$62,136,118) |

| Schedule D (Form 990) 2022 W | OODS HOLE OCEANOGRAPH | IIC INSTITUTION |
|-------------------------------|-----------------------|-----------------|
| Part XIII Supplemental Inform | nation (continued) | |
| REVENUE INCLUDED ON RETU | JRN BUT NOT ON BOOKS | |
| FORM 990, SCHEDULE D, PA | NRT XI, LINE 4B | |
| RELEASE FROM RESTRICTION | 1 | (\$12,892,148) |
| | | |
| TOTAL | | (\$12,892,148) |
| EXPENSES INCLUDED ON RET | TURN BUT NOT ON BOOKS | |
| FORM 990, SCHEDULE D, PA | ART XII, LINE 4B | |
| SWAP INTEREST EXPENSE | | \$2,085,000 |
| | | |
| TOTAL | | \$2,085,000 |

| SCHEDULE F (Form 990) | Statement of Activities Outside the United State Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. | , or 16. 2022 Open to Public |
|--------------------------|---|---------------------------------|
| Internal Revenue Service | | Inspection |
| Name of the organization | | Employer identification number |
| WOODS HOLE OCEAN | OGRAPHIC INSTITUTION | 04-2105850 |
| | formation on Activities Outside the United States. Complete if the Part IV, line 14b. | organization answered "Yes" on |
| • | Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection criter rassistance? | eria used to |

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|---|---|--|---|---|
| (1) CENTRAL AMERICA/CARIBBEAN | NONE | 2 | PROGRAM SERVICES | SHIP OPERATIONS | 5,700. |
| (2) EUROPE | NONE | 2 | PROGRAM SERVICES | SHIP OPERATIONS | 9,761. |
| (3) NORTH AMERICA | NONE | 3 | PROGRAM SERVICES | SHIP OPERATIONS | 38,180. |
| (4) CENTRAL AMERICA/CARIBBEAN | NONE | 39 | PROGRAM SERVICES | SCIENTIFIC RESEARCH | 67,361. |
| (5) EAST ASIA AND THE PACIFIC | NONE | 25 | PROGRAM SERVICES | SCIENTIFIC RESEARCH | 89,434. |
| (6) EUROPE | NONE | 120 | PROGRAM SERVICES | SCIENTIFIC RESEARCH | 379,303. |
| (7) MIDDLE EAST AND NORTH AFRICA | NONE | 20 | PROGRAM SERVICES | SCIENTIFIC RESEARCH | 94,512. |
| (8) NORTH AMERICA | NONE | 43 | PROGRAM SERVICES | SCIENTIFIC RESEARCH | 129,122. |
| (9) SOUTH AMERICA | NONE | 2 | PROGRAM SERVICES | SCIENTIFIC RESEARCH | 5,739. |
| (10) SOUTH ASIA | NONE | 1 | PROGRAM SERVICES | SCIENTIFIC RESEARCH | 5,243. |
| 11) SUB-SAHARAN AFRICA | NONE | 5 | PROGRAM SERVICES | SCIENTIFIC RESEARCH | 15,634. |
| (12) CENTRAL AMERICA/CARIBBEAN | NONE | NONE | INVESTMENTS | | 2,362,861. |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Subtotal b Total from continuation sheets to Part I | NONE | 262. | | | 3,202,850 |
| c Totals (add lines 3a and 3b) | NONE | 262. | | | 3,202,850 |

JSA 2E1274 1.000

2E1275 1.000

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities.

Schedule F (Form 990) 2022 WOODS HOLE OCEANOGRAPHIC INSTITUTION

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other |
|------|--------------------------|--|-------------------|----------------------|--------------------------|---------------------------------------|---|---|---|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| (8) | | | | | | | | | |
| (9) | | | | | | | | | |
| (10) | | | | | | | | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |

Schedule F (Form 990) 2022

04-2105850

04-2105850

Page 3

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------------|--|--|---|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| 10) | | | | | | | |
| 11) | | | | | | | |
| 12) | | | | | | | |
| 13) | | | | | | | |
| 14) | | | | | | | |
| 5) | | | | | | | |
| 6) | | | | | | | |
| 7) | | | | | | | |
| 18) | | | | | | | |

Schedule F (Form 990) 2022

| Schedule F (Form 990 | D) 2022 WO(| ODS HOLE | OCEANOGRAPHIC | INSTITUTION |
|----------------------|-------------|----------|---------------|-------------|
| Part IV Fore | eign Forms | | | |

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i> | X | Yes | | No |
|---|---|---|-----|---|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | | Yes | X | No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i> | X | Yes | | No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | X | Yes | | No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i> | X | Yes | | No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) | | Yes | X | No |

_

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

DESCRIPTION OF FOREIGN ACTIVITIES

SCHEDULE F, PART I, LINE 3

WOODS HOLE OCEANOGRAPHIC INSTITUTION (WHOI) OPERATES TWO U.S. GOVERNMENT-OWNED OCEANOGRAPHIC RESEARCH VESSELS UNDER THE UNIVERSITY-NATIONAL OCEANOGRAPHIC LABORATORY SYSTEM (UNOLS). THE SHIPS OPERATE BY "LEGS," PERIODS OF TIME AT SEA. EACH LEG ENDS IN A PORT OF CALL TO DISEMBARK RESEARCHERS, EQUIPMENT AND SOMETIMES MARINE CREW, THEN LOAD EQUIPMENT, AND BOARD THE NEXT SET OF RESEARCHERS AND SOMETIMES CREW MEMBERS FOR THE FOLLOWING LEG. SOME PORTS OF CALL ARE IN FOREIGN REGIONS AS DETERMINED BY GRANTS THAT FUND SHIP OPERATIONS. WHOI DOES NOT CONSIDER THESE TRANSIENT ACTIVITIES TO CONSTITUTE FOREIGN ACTIVITIES THAT SHOULD BE REPORTED ON FORM 990, SCHEDULE F. IN ALL OF THESE CASES THE PURPOSE OF JOINING A SHIP IS TO CONDUCT RESEARCH ACTIVITIES OR SHIP OPERATIONS AT SEA, NOT IN THE FOREIGN COUNTRY. Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

HOWEVER, AGENTS, PRIMARILY SHIP'S AGENTS WHO ARE PAID FOR SERVICES TO FACILITATE THE TURNOVER BETWEEN LEGS AT SEA, ARE REPORTED BY NUMBER AND TOTAL EXPENDITURES (PART I, LINE 3, COLUMNS (C) AND (F)).

ACTIVITIES PER REGION

PART I, LINE 3, COLUMNS (B) & (F)

REPORTABLE INFORMATION IS OBTAINED THROUGH WHOI'S FINANCIAL MANAGEMENT SYSTEM. PROVISION OF COLUMN (F) DATA FOR THE INSTITUTION WAS FACILITATED BY A LOCALLY-IMPOSED ACCOUNTING PROCEDURE THAT SEPARATES COSTS INCURRED INSIDE ITS BORDERS FROM THOSE INCURRED OUTSIDE.

| SCHEDULE G | | Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the | | | | | | |
|--|--|--|------------|--|--------------------------------------|--|---|--|
| (Form 990) | organization entered more than \$15,000 on Form 990-EZ, line 6a. | | | | | | 2022 | |
| Department of the Treasury | Attach to Form 990 or Form 990-EZ. ternal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | |
| Name of the organization Employer identification Emplo | | | | | | | Inspection on number | |
| WOODS HOLE OCEA | | | | | | 04-21058 | | |
| | e Activities. Comp EZ filers are not re | | | | Yes" on Form 99 | 90, Part IV, line 1 | 7. | |
| | the organization rais | · · · · · · · · · · · · · · · · · · · | | | activities. Check a | all that apply. | | |
| a X Mail solicita | tions | е | | | non-government g | | | |
| | l email solicitations | f | | | government grants | 6 | | |
| c Phone solic d X In-person so | | g | Spe | cial fundra | iising events | | | |
| 2a Did the organiza or key employee | tion have a written o es listed in Form 990 | | | | | | X Yes No | |
| b If "Yes," list the | 10 highest paid indi least \$5,000 by the | viduals or entities | | | | | fundraiser is to be | |
| (i) Name and add or entity (fu | | (ii) Activity | custody of | ndraiser have or control of outions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization | |
| SEE SUPPLEMENT | INFORMATION | | Yes | No | | | | |
| 1 | | | | | - | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| Total | | | | | 150,881. | 363,684 | . 83,779. | |
| 3 List all states in | which the organiza | | | | | has been notified | l it is exempt from | |
| registration or lic CT, MA, NY, | censing. | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | gioss receipts greater than \$5,000 | 0. | | | |
|-----------------|----------|--|--|--|----------------------|---|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 | Gross receipts | | | | |
| Rev | | | | | | |
| | 2 3 | Less: Contributions Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| enses | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| Direc | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | |
| | 10 11 | Direct expense summary. Add lir Net income summary. Subtract I | nes 4 through 9 in colu ine 10 from line 3, col | umn (d) | | |
| Ра | rt II | Net income summary. Subtract I Gaming. Complete if the org. \$15,000 on Form 990-EZ, lin | anization answered " e 6a. | Yes" on Form 990, F | Part IV, line 19, or | reported more than |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Reve | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| rect E | 4 | Rent/facility costs | | | | |
| Ō | 5 | Other direct expenses | | | | |
| | • | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No | No | No | |
| | 7 | Direct expense summary. Add lir | nes 2 through 5 in col | umn (d) | | |
| | 8 | Net gaming income summary. S | ubtract line 7 from line | e 1, column (d) | | |
| • | | Intor the state (a) is which the sum | poizotion conducto | | | |
| 9 a b | I | Enter the state(s) in which the organization licensed to con f "No," explain: | | in each of these state | es? | Yes No |
| 10- | - | Nere any of the organization's gaming | licenses reveked aver | and a terminated di | ring the tex year? | Ver N. |
| 10a k | | | g licenses revoked, sus | | ining the tax year? | Yes No |
| | - | | | | | |

| Sched | ule G (Form 990 or 990-EZ) 2022 WOODS HOLE OCEANOGRAPHIC INSTITUTION 0 | 4-2105850 | Page 3 |
|-------|--|-----------|---------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity | | |
| | formed to administer charitable gaming? | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| а | The organization's facility 13a | | % |
| b | An outside facility 13b | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and | b | |
| | records: | | |
| | Name ► | | |
| | Address ► | | |
| b | Does the organization have a contract with a third party from whom the organization receives gami revenue? If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party: | Yes | No No |
| | Name ► | | |
| | Address ► | | |
| 16 | Gaming manager information: | | |
| | Name | | |
| | Gaming manager compensation ► \$ | | |
| | Description of services provided | | |
| | Director/officer Employee Independent contractor | | |
| 17 | Mandatory distributions: | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceed | ds to | |
| | retain the state gaming license? | Yes | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organiza | tions | |
| | or spent in the organization's own exempt activities during the tax year s | | |
| Par | Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional i (see instructions). | | |
| SCH | EDULE G, PART I, LINE 2B | | |
| FIIN | DRAISING CONSULTANT EDWARD FONES WAS ASSOCIATED WITH THE SAME | | |
| | DRAISING CONSULTANT EDWARD FONES WAS ASSOCIATED WITH THE SAME DRAISING ACTIVITIES AS BALLANTINE CORPORATION. GROSS RECEIPTS FROM | | |
| - | S JOINT EFFORT ARE INCLUDED ON LINE 1, COLUMN IV. | | |
| | | | |

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME :

BALLANTINE CORPORATION

ADDRESS:

1 HIGH STREET COURT, SUITE 6 MORRISTOWN, NJ 07960

ACTIVITY :

- MAILING
- CUSTODY OR CONTROL OF CONTRIBUTION?
- GROSS RECEIPTS FROM ACTIVITY : 150,881.
- AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 67,102.
- AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : 83,779.

NAME:

EDWARD FONES

ADDRESS:

2206 APPLE ROAD FOGELSVILLE, PA 18051-1905

ACTIVITY :

SEE PART IV

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

| GROSS RECEIPTS FROM ACTIVITY | Y : | NONE |
|------------------------------|-----|------|
|------------------------------|-----|------|

- AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 27,469.
- AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

WOODS HOLE OCEANOGRAPHIC INSTITUTION

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

COMMUNITY COUNSELLING SVC

ADDRESS:

527 MADISON AVENUE 5TH FLOOR NEW YORK, NY 10022

ACTIVITY :

CAPITAL CAMPAIGN

CUSTODY OR CONTROL OF CONTRIBUTION?

GROSS RECEIPTS FROM ACTIVITY : NONE

- AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 241,419.
- AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

NAME :

EPSILON

ADDRESS:

3 MILL & MAIN, SUITE 250 MAYNARD, MA 01754

ACTIVITY :

FUNDRAISER LIST

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

| GROSS RECEIPTS FROM ACTIVITY | Y : | NONE |
|------------------------------|-----|------|
|------------------------------|-----|------|

- AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 8,175.
- AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

| NAME: PMX | |
|--|--------|
| ADDRESS: ONE WORLD TRADE CENTER, 63RD FLOOR NEW YORK, NY 10007 | |
| ACTIVITY : FUNDRAISER LIST | |
| CUSTODY OR CONTROL OF CONTRIBUTION? NO | |
| GROSS RECEIPTS FROM ACTIVITY : | NONE |
| AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : | 7,719. |
| AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : | NONE |
| | |
| NAME: BAIONE | |
| ADDRESS: 64 CATHERINE COURT RINGWOOD, NJ 07456 | |
| ACTIVITY : FUNDRAISER LIST | |
| CUSTODY OR CONTROL OF CONTRIBUTION? NO | |
| GROSS RECEIPTS FROM ACTIVITY : | NONE |
| AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : | 7,561. |
| AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : | NONE |

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

WILAND

ADDRESS:

7420 EAST DRY CREEK PARKWAY LONGMONT, CO 80503

ACTIVITY :

FUNDRAISER LIST

CUSTODY OR CONTROL OF CONTRIBUTION?

GROSS RECEIPTS FROM ACTIVITY : NONE

- AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER : 4,239.
- AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION : NONE

| | | | Assistance t ndividuals in | | | | OMB No. 1545-0047 |
|---|----------------|------------------------------------|-------------------------------|----------------------------------|--|-------------------------------------|----------------------|
| | | | wered "Yes" on F | | | | 2022 |
| | | - | tach to Form 990. | ,,, | | | Open to Public |
| Department of the Treasury Internal Revenue Service | Go te | o www.irs.gov/ | Form990 for the la | test information. | | | Inspection |
| Name of the organization | | | | | | Employer identi | fication number |
| WOODS HOLE OCEANOGRAPHIC INSTITUTI | ON | | | | | 04-21058 | 350 |
| Part I General Information on Grants and | | e | | | | · | |
| 1 Does the organization maintain records to su | bstantiate th | e amount of the | e grants or assista | nce, the grantees | ' eligibility for the grant | ts or assistance, a | and |
| the selection criteria used to award the grants | s or assistanc | æ? | | | | | X Yes No |
| 2 Describe in Part IV the organization's proced | ures for mor | nitoring the use | of grant funds in the | e United States. | | | |
| Part II Grants and Other Assistance to De | omestic Or | ganizations ar | nd Domestic Gov | ernments. Com | plete if the organiz | ation answered | d "Yes" on Form 990, |
| Part IV, line 21, for any recipient th | at received | more than \$5 | ,000. Part II can b | e duplicated if a | additional space is i | needed. | |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description noncash assistan | |
| (1) | - | | | | | | |
| (2) | - | | | | | | |
| (3) | - | | | | | | |
| (4) | - | | | | | | |
| (5) | - | | | | | | |
| (6) | - | | | | | | |
| (7) | - | | | | | | |
| (8) | - | | | | | | |
| (9) | - | | | | | | |
| (10) | - | | | | | | |
| (11) | - | | | | | | |
| (12) | - | | | | | | |
| 2 Enter total number of section 501(c)(3) and g 3 Enter total number of other organizations list | • | • | | | | | |

WOODS HOLE OCEANOGRAPHIC INSTITUTION

04-2105850

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|-----------------------------|-----------------------------------|--|--|
| TUITION/FELLOWSHIPS & SCHOLARSHIPS | 135 | | 9,624,092. | BOOK | TUITION |
| | | | | | |
| 2 STIPENDS | 135 | 3,972,481. | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 7 Part IV Supplemental Information. Provide t information. | he information re | equired in Part I, | line 2, Part III, d | column (b); and any c | ther additional |

MAINTAINING RECORDS

FORM 990, SCHEDULE I, PART I, LINE 1

APPLICATIONS FOR ADMISSIONS ARE REVIEWED BY FACULTY. STUDENTS ARE

ADMITTED BASED UPON THEIR ACADEMIC RECORD, AND ALL ARE GIVEN SUPPORT

THROUGH EITHER WHOI OR MIT. WRITTEN RECORDS OF ALL DECISIONS ARE

RETAINED.

MONITORING USE OF GRANT FUNDS

FORM 990, SCHEDULE I, PART I, LINE 2

WOODS HOLE OCEANOGRAPHIC INSTITUTION

04-2105850

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

| (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
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EACH STUDENT'S ACADEMIC PROGRESS IS EVALUATED YEARLY TO ENSURE

SATISFACTORY ACADEMIC PROGRESS.

Page 2

| (Form 990) For cartain Officers, Director, Trustees, Key Employees, and Highest Competent Employees. Competent Porm 990, Part VI, Ike 23. Market Porm 990, Part VI, Ike 23. Market Porm 990, Part VI, Ike 23. Market Porm 990, Part VI, Section A, Line 1a, Complete Part III Oprivations and the latest information. Part Questions Regarding Compensation Part Question A, Line 1a, Complete Part III to provide any relevant information regarding these items. Part Questions Regarding Compensation Part Question Part Part Question Part Part Part Part Part Part Part Part | SCHEDULE J Compensation Information | | | | | OMB No. | 1545-0 | 0047 | |
|--|---|---|---|-----------------|---|----------------------|--------|--------|---------|
| Complete if the organization answered "Ysis" on Form 990, Part IV, line 23. | (Forn | n 990) | For certain Officers, Dire | ctors | , Trustees, Key Employees, and Highest | | ଇ | 99 |) |
| Department Attach to Form 990. Department Department <thdeparment< th=""> <thdeparment< th=""> <thdep< td=""><td></td><td colspan="5">Complete if the organization answered "Yes" on Form 990 Part IV line 23</td><td>ZU</td><td></td><td></td></thdep<></thdeparment<></thdeparment<> | | Complete if the organization answered "Yes" on Form 990 Part IV line 23 | | | | | ZU | | |
| Name of the aggeization Employer identification number 04-2105850 Part Questions Regarding Compensation 04-2105850 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 980, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms. X First-class or charter travel X Housing allowance or residence for personal use Parsonal stores (such as maid, chartfeur, etc.) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or trainbursement or provision of all of the expenses described abox? If "No" complete Part III to explain. 1b X c Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CCP/Executive Director, tregarding the terms checked on line 1a". 1b X c Compensation committee X Independent compensation consultant X Independent on the evenues of: a Receive a severance payment from a supplemental nonqualified retirement plan? 4a X a Participate in or receive payment from a supplemental nonqualified retirement plan? 5a X b Partricipate in or receive payment from a supplemental nonqualified r | | | | Attac | h to Form 990. | | | | |
| NODES HOLE OCEANOGRAPHIC INSTITUTION 04-2105850 Part Questions Regarding Compensation ************************************ | | | Go to www.irs.gov/Formas | 90 10 | instructions and the latest mormation. | Employer identificat | | | 'n |
| Part1 Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Compension of the company relevant information regarding these items. Image: Company information and gross-up payments Image: Company relevant information regarding these items. Image: Company relevant information regarding these items. Image: Company information and gross-up payments Image: Company relevant information regarding payment Image: Company relevant information regarding payment Image: Company information require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a ² . Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation or the cEO/Executive Director, regarding the items checked on line 1a ² . Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Compensation committee Image: Company is the organization in the establish company or company or company or change-of-control payment; Image: Compensation committee Imag | | | EANOGRAPHIC INSTITUTION | | | | | | |
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| 990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. X First-class or chafter travel X Housing allowance or residence to personal use of personal use of personal science Payments for business use of personal science Payments for business use of personal use of the comparisation for the sequence of scude as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Dring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization? 3 Indicate which, if any, of lines 4a-c, list the persons and provide the applicable amounts for each the filing organization or a related organization? 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5 For persons listed on Form 990, Par | | | | | | | | Yes | No |
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| If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? b Any related organization? compensons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | | | | | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? b Any related organization? c 6a c 6b c 6b c 6b c 6b c 6c c 7 c 8 c 7 c 8 c 8 c 8 c 8 <lic 8<="" li=""> <lic 8<="" li=""> <lic 8<="" li=""> c 8 <lic 8<="" li=""> <l< td=""><td>b</td><td></td><td></td><td>• •</td><td></td><td></td><td>5b</td><td></td><td>X</td></l<></lic></lic></lic></lic> | b | | | • • | | | 5b | | X |
| compensation contingent on the net earnings of: Image: compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 6b 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 7 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 8 | 6 | | | on ⁴ | A line 1a did the organization of | av or accruc c | | | |
| a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 7 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 8 X | U | | | | , me ra, uu me organization pa | ay of accive al | 'y | | |
| b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | а | • | | | | | 6a | | x |
| If "Yes" on line 6a or 6b, describe in Part III. Image: constraint of the second constraints of the second constraints of the second constraints of the second constraints of the second constraint of the second constraints of the second consecond constraints of the second constraints | | | | | | | | | |
| payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 8 X | | | | | | | | | |
| payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 8 X | 7 | For persons | listed on Form 990, Part VII, Sectio | n A, | , line 1a, did the organization prov | vide any nonfixe | d | | |
| to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | payments not | described on lines 5 and 6? If "Yes," d | escri | be in Part III | | | X | ļ |
| in Part III | 8 | - | - | - | - | | | | |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | - | - | | | | | |
| | | | | | | | | | X |
| | 9 | | | | | | | | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2022 | For Pr | | | | | | | orm 00 | 0) 2022 |

04-2105850

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of W-2 a | nd/or 1099-MISC and/or | 1099-NEC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|---------------------------------|------|--------------------------|--|---|--------------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| PETER DE MENOCAL | (i) | 577,323. | NONE | 35,469. | 597,168. | 90,305. | 1,300,265. | NONE |
| 1 PRESIDENT/DIRECTOR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| CHRISTOPHER LAND | (i) | 361,685. | 35,667. | 6,220. | 24,400. | 16,385. | 444,357. | NONE |
| 2 VP LEGAL AFFAIRS/GEN. COUNSEL | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| ROBERT MUNIER | (i) | 333,836. | 30,667. | 9,900. | 36,600. | 32,658. | 443,661. | NONE |
| 3 VP MARINE FACILITIES & OPS | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| SAMUEL HARP | (i) | 322,719. | 41,667. | 3,592. | 24,400. | 35,505. | 427,883. | NONE |
| 4 VP FOR ADVANCEMENT & CMO | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| RICHARD MURRAY | (i) | 304,571. | 31,667. | 2,555. | 30,500. | 4,751. | 374,044. | NONE |
| 5 DD & VP SCIENCE & ENGINEERING | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| GEORGE CLAYTON | (i) | 285,118. | 5,000. | 589. | 23,924. | 41,304. | 355,935. | NONE |
| 6 CHIEF DEVELOPMENT OFFICER | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MARGERET TIVEY | (i) | 267,722. | 22,667. | 2,867. | 32,909. | 17,385. | 343,550. | NONE |
| 7 VP OF ACADEMIC AFFAIRS & DEAN | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| KEITH GLAVIN | (i) | 274,538. | NONE | 2,782. | 28,772. | 31,122. | 337,214. | NONE |
| 8 SR. DIR. INFORMATION SYSTEMS | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| MARK ABBOTT | (i) | 18,398. | NONE | 95,912. | 1,408. | 3,000. | 118,718. | NONE |
| 9 FORMER PRES./DIRECTOR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| KATHRYN LINK | (i) | 391,401. | 37,667. | 10,505. | 28,623. | 3,000. | 471,196. | NONE |
| 10 VP OPS & CFO | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| KATHLEEN BENJAMIN | (i) | 164,664. | 5,000. | 128,900. | 19,233. | 17,960. | 335,757. | NONE |
| 11 CHIEF HR DIRECTOR | (ii) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | |

Schedule J (Form 990) 2022

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

BENEFITS TO INVIDUALS LISTED ON PART VII, SECTION A

FIRST-CLASS OR CHARTER TRAVEL

FORM 990, SCHEDULE J, LINE 1A

CHRISTOPHER LAND RECEIVED FIRST-CLASS TRAVEL FOR BUSINESS PURPOSES. THE

AMOUNT IS NOT INCLUDED IN TAXABLE INCOME AS THEY ARE APPROPRIATE BUSINESS

EXPENSES UNDER AN ACCOUNTABLE PLAN.

HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

FORM 990, SCHEDULE J, LINE 1A

PETER DE MENOCAL RECEIVED HOUSING AS A CONDITION OF EMPLOYMENT FOR THE

CONVENIENCE OF THE EMPLOYER. SUCH AMOUNTS ARE NOT CONSIDERED TAXABLE

COMPENSATION. THE VALUE OF THE HOUSING IS INCLUDED IN SCHEDULE J, PART

II, COLUMN (D).

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SEVERANCE PAYMENT

FORM 990, SCHEDULE J, LINE 4A

KATHLEEN BENJAMIN, IN CONNECTION WITH HER SEPARATION FROM THE

ORGANIZATION, WAS ENTITLED TO A TOTAL OF \$77,848 DURING CALENDAR YEAR

2022. THESE PAYMENTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN

(B)(III).

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

FORM 990, SCHEDULE J, LINE 4B

PURSUANT TO HIS EMPLOYMENT AGREEMENT IN 2021, PETER DE MENOCAL IS ENTITLED TO A \$200,000 SIGNING BONUS, WHICH IS CREDITED TO HIS DEFERRED COMPENSATION ACCOUNT PURSUANT TO SECTION 457(F). THE ACCRUED AMOUNT FOR 2022 IS \$66,668, WHICH IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C).

PETER DE MENOCAL IS ENTITLED TO INCENTIVE PAYMENTS WHICH WERE CREDITED TO HIS DEFERRED COMPENSATION ACCOUNT PURSUANT TO SECTION 457(F). THE ACCRUED Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

AMOUNT OF \$500,000 FOR 2022 IS INCLUDED IN SCHEDULE J, COLUMN (C). THE

AMOUNTS OF DEFERRED COMPENSATION WILL VEST OVER THE NEXT SEVERAL YEARS.

TERMS AND CONDITIONS OF DISCRETIONARY BONUS

FORM 990, SCHEDULE J, LINE 7

CERTAIN LISTED PERSONS RECEIVED NONFIXED PERFORMANCE BONUSES IN 2022. THE

BONUSES WERE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF

TRUSTEES, AND THE AMOUNTS ARE INCLUDED IN SCHEDULE J, PART II, COLUMN

B(II).

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

WOODS HOLE OCEANOGRAPHIC INSTITUTION

| Part I | Bond Issues | | | | | | | | | | | |
|----------------|-----------------|----------------|-------------|-----------------|-----------------|------------------------------------|--------------|----|--------------------------------------|----|----------------------|----|
| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A MHEFA | | 04-2456011 | 57584YGR4 | 05/09/2018 | 86,306,214. | REFINANCED BOND ISSUE OF 12/4/2008 | | х | | х | | Х |
| В | | | | | | | | | | | | |
| с | | | | | | | | | | | | |
| D | | | | | | | | | | | | |

| | | | Α | | В | C | C | C | כ |
|----|---|------|----------|-----|----|-----|----|-----|----|
| 1 | Amount of bonds retired | | | | | | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | 86,4 | 468,681. | | | | | | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | 2,2 | 297,624. | | | | | | |
| 6 | Proceeds in refunding escrows. | | | | | | | | |
| 7 | Issuance costs from proceeds | | 645,990. | | | | | | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | 31, | 371,812. | | | | | | |
| 11 | Other spent proceeds | 50, | 560,224. | | | | | | |
| 12 | Other unspent proceeds | 1, | 493,031. | | | | | | |
| 13 | Year of substantial completion | | 2019 | | | | | | |
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, | | | | | | | | |
| | if issued prior to 2018, a current refunding issue)? | Х | | | | | | | |
| 15 | Were the bonds issued as part of a refunding issue of taxable bonds (or, if | | | | | | | | |
| | issued prior to 2018, an advance refunding issue)? | | x | | | | | | |
| 16 | Has the final allocation of proceeds been made? | | Х | | | | | | |
| 17 | Does the organization maintain adequate books and records to support the | | | | | | | | (|
| | final allocation of proceeds? | х | | | | | | | 1 |

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



Employer identification number

04-2105850

OMB No. 1545-0047

| Pa | rt III Private Business Use | MHEF | 7A | | | | | | | - 5 - |
|-----|--|---------|-----|----------|-----|----|-----|----|-----|-------|
| | | | | A | | В | (| 2 | [| כ |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, | | Yes | No | Yes | No | Yes | No | Yes | No |
| | which owned property financed by tax-exempt bonds? | | | Х | | | | | | |
| 2 | Are there any lease arrangements that may result in private business u | ise of | | | | | | | | |
| | bond-financed property? | | | Х | | | | | | |
| 3a | $f \iota$ Are there any management or service contracts that may result in $f \mu$ | | | | | | | | | |
| | business use of bond-financed property? | | | Х | | | | | | |
| b |) If "Yes" to line 3a, does the organization routinely engage bond counsel or other | | | | | | | | | |
| | counsel to review any management or service contracts relating to the financed property? . | | | | | | | | | |
| С | : Are there any research agreements that may result in private business ι | | | | | | | | | |
| | bond-financed property? | | Х | | | | | | | |
| d | I If "Yes" to line 3c, does the organization routinely engage bond counsel or | | | | | | | | | |
| | outside counsel to review any research agreements relating to the financed prope | - | Х | | | | | | | |
| 4 | Enter the percentage of financed property used in a private business use by e | | | | | | | | | |
| | other than a section 501(c)(3) organization or a state or local government | | 0 | .0144 % | | % | | % | | % |
| 5 | Enter the percentage of financed property used in a private business use | as a | | | | | | | | |
| | result of unrelated trade or business activity carried on by your organi | | | | | | | | | |
| | another section 501(c)(3) organization, or a state or local government | | | NONE % | | % | | % | | % |
| 6 | | | 0 | .0144 % | | % | | % | | % |
| 7 | Does the bond issue meet the private security or payment test? | | | Х | | | | | | |
| 8a | Has there been a sale or disposition of any of the bond-financed property to a | | | | | | | | | |
| | nongovernmental person other than a 501(c)(3) organization since the bonds were | issued? | | Х | | | | | | |
| b | If "Yes" to line 8a, enter the percentage of bond-financed property sold or | | | | | | | | | |
| | disposed of | | | % | | % | | % | | % |
| С | If "Yes" to line 8a, was any remedial action taken pursuant to Regulations | | | | | | | | | |
| | sections 1.141-12 and 1.145-2? | | | | | | | | | |
| 9 | Has the organization established written procedures to ensure that all | | | | | | | | | |
| | nonqualified bonds of the issue are remediated in accordance with the | | | | | | | | | |
| | requirements under Regulations sections 1.141-12 and 1.145-2? | | Х | | | | | | | |
| Pai | rt IV Arbitrage | | | | | | | | | |
| | | | | A | | В | (| 2 | [| 2 |
| 1 | Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction | and | Yes | No | Yes | No | Yes | No | Yes | No |
| | Penalty in Lieu of Arbitrage Rebate? | | | Х | | | | | | |
| | If "No" to line 1, did the following apply? | | | | | | | | | |
| а | Rebate not due yet? | | Х | | | | | | | |
| | Exception to rebate? | | | Х | | | | | | |
| | No rebate due? | | Х | | | | | | | |
| | If "Yes" to line 2c, provide in Part VI the date the rebate computation | was | | | | | | | | |
| | performed | | | <u>.</u> | | | | | | |
| 3 | Is the bond issue a variable rate issue? | | | Х | | | | | | |

Schedule K (Form 990) 2022

Page **2**

| Schedule K (Form 990) 2022 | | | | | | | | Page 3 |
|--|----------|-----------|------------|-------------|-------|----|-----|---------------|
| Part IV Arbitrage (continued) MHE | EFA | | | | | | | |
| | | A | | 3 | (|) | [|) |
| 4a Has the organization or the governmental issuer entered into a qualified | Yes | No | Yes | No | Yes | No | Yes | No |
| hedge with respect to the bond issue? | | Х | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | Х | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | Х | | | | | | |
| 7 Has the organization established written procedures to monitor the | | | | | | | | |
| requirements of section 148? | Х | | | | | | | |
| Part V Procedures To Undertake Corrective Action | | | 1 | 1 | | | | |
| | | A | | 3 | (|) | |) |
| Has the organization established written procedures to ensure that violations | Yes | No | Yes | No | Yes | No | Yes | No |
| of federal tax requirements are timely identified and corrected through the | | | | | | | | |
| voluntary closing agreement program if self-remediation isn't available under | | | | | | | | |
| applicable regulations? | Х | | | | | | | |
| Part VI Supplemental Information. Provide additional information for responses to | question | s on Sche | dule K. Se | e instructi | ions. | | 1 | |
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Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

TOTAL PROCEEDS OF ISSUE

TOTAL PROCEEDS OF ISSUE SCHEDULE K, PART I, LINE A, COLUMN (F) REFINANCED BOND ISSUE OF 12/04/2008 AND CONSTRUCTION.

SCHEDULE K, PART II, LINE 3 THE AMOUNT REPORTED INCLUDES TOTAL PROCEEDS OF PRINCIPAL TOTALING \$75,510,000 AND PREMIUM OF \$10,958,681.

SCHEDULE K, PART III, LINE 9; PART IV, LINE 7; PART V THE ORGANIZATION HAS A CHECKLIST IN PLACE TO ENSURE COMPLIANCE WITH FEDERAL TAX REQUIREMENTS.

SCHEDULE K, PART IV, LINE 2C THE REBATE COMPUTATION WAS PERFORMED ON 06/06/2018.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

WOODS HOLE OCEANOGRAPHIC INSTITUTION

0<u>4-2105850</u>

| Par | Types of Property | | | | | | |
|----------|--|--------------------------------------|---|--|--|----------|--------|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of det noncash contribu | | |
| 1 | Art - Works of art | | | | | | |
| 2 | Art - Historical treasures | | | | | | |
| 3 | Art - Fractional interests | | | | | | |
| 4 | Books and publications | | | | | | |
| 5 | Clothing and household | | | | | | |
| | goods | | | | | | |
| 6 | Cars and other vehicles | | | | | | |
| 7 | Boats and planes | X | 1 | 9,500,000. | FMV | | |
| 8 | Intellectual property | | | | | | |
| 9 | Securities - Publicly traded | X | 29 | 2,354,458. | FMV | | |
| 10 | Securities - Closely held stock | | | | | | |
| 11 | Securities - Partnership, LLC, | | | | | | |
| | or trust interests | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | |
| 13 | Qualified conservation | | | | | | |
| | contribution - Historic | | | | | | |
| | structures | | | | | | |
| 14 | Qualified conservation | | | | | | |
| | contribution - Other | | | | | | |
| 15 | Real estate - Residential | | | | | | |
| 16 | Real estate - Commercial | | | | | | |
| 17 | Real estate - Other | | | | | | |
| 18 | Collectibles | | | | | | |
| 19 | Food inventory | | | | | | |
| 20 | Drugs and medical supplies | | | | | | |
| 21 | Taxidermy | | | | | | |
| 22 | Historical artifacts | | | | | | |
| 23 | Scientific specimens | | | | | | |
| 24 | Archeological artifacts | | | | | | |
| 25 | Other ►() | | | | | | |
| 26 | Other ►() | | | | | | |
| 27 28 | Other \blacktriangleright () Other \blacktriangleright () | | | | | | |
| | Number of Forms 8283 received | by the ora | anization during the tax w | oar far contributions for | | | |
| 29 | which the organization completed l | | | | 29 | | |
| | which the organization completed i | 0111 0203, | Fait V, Donee Acknowledge | | | Yes | No |
| 30a | During the year, did the organizat | ion receive | by contribution any prope | rty reported in Part I. line | s 1 through | | |
| | 28, that it must hold for at least t | | | | - | | |
| | to be used for exempt purposes for | • | | | | a | х |
| b | If "Yes," describe the arrangement | | | | | | |
| 31 | Does the organization have a | | ance policy that require | es the review of any | nonstandard | | |
| | contributions? | | | | | I X | |
| 32a | Does the organization hire or use | | | | | | |
| | contributions? | | - | | | a X | |
| b | If "Yes," describe in Part II. | - | | | | | |
| 33 | If the organization didn't report an | amount in c | olumn (c) for a type of pro | perty for which column (a) |) is checked, | | |
| | describe in Part II. | | | | | | |
| For Pa | aperwork Reduction Act Notice, see the Inst | ructions for For | rm 990. | | Schedule M (| Form 990 |) 2022 |

JSA

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

CONTRIBUTION METHOD

FORM 990, SCHEDULE M, PART I, COLUMN (B)

WOODS HOLE OCEANOGRAPHIC INSTITUTION HAS REPORTED THE NUMBER OF

CONTRIBUTIONS ON THIS SCHEDULE.

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Internal Revenue Service Name of the organization

MISSION STATEMENT

FORM 990, PART I, LINE 1 AND PART III, LINE 1

THE WOODS HOLE OCEANOGRAPHIC INSTITUTION IS DEDICATED TO ADVANCING KNOWLEDGE OF THE OCEAN AND ITS CONNECTION WITH THE EARTH SYSTEM THROUGH A SUSTAINED COMMITMENT TO EXCELLENCE IN SCIENCE, ENGINEERING, AND EDUCATION, AND TO THE APPLICATION OF THIS KNOWLEDGE TO PROBLEMS FACING SOCIETY.

DELEGATION OF BOARD AUTHORITY

FORM 990, PART VI, LINE 1A

THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF THE CHAIR OF THE BOARD OF TRUSTEES; VICE CHAIR(S) OF THE BOARD OF TRUSTEES; CHAIR OF THE CORPORATION; THE CHAIRS OF THE ADVANCEMENT COMMITTEE, AUDIT AND RISK COMMITTEE, COMMITTEE ON THE BOARD, DIVERSITY, EQUITY, AND INCLUSION COMMITTEE, FACILITIES COMMITTEE, FINANCE COMMITTEE, AND INVESTMENTS SUBCOMMITTEE, UP TO TWO "AT LARGE" TRUSTEES APPOINTED BY THE CHAIR OF THE BOARD OF TRUSTEES, AND UP TO TWO "AT-LARGE" TRUSTEES APPOINTED BY THE CHAIR OF THE BOARD FROM TRUSTEES SUGGESTED BY THE COMMITTEE ON THE BOARD. AT-LARGE MEMBERS SHALL SERVE FOR A THREE-YEAR TERM, WITH THE POWER GIVEN TO THE CHAIR OF THE BOARD OF TRUSTEES TO RECOMMEND MEMBERS FOR ONE ADDITIONAL THREE-YEAR TERM. THE CHAIR OF THE BOARD OF TRUSTEES SHALL SERVE AS THE CHAIR OF THE EXECUTIVE COMMITTEE.

THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE, SO FAR AS MAY BE PERMITTED BY LAW, ALL OF THE POWERS OF THE BOARD DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF TRUSTEES EXCEPT SUCH POWERS OR DUTIES AS

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service

| ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. | | | | | | |
|---|------------------|----------------|--|--|--|--|
| | Employer identif | ication number | | | | |
| RAPHIC INSTITUTION | 04-2105 | 5850 | | | | |

WOODS HOLE OCEANOGRAPHIC INSTITUTION

MAY HAVE BEEN SPECIFICALLY DELEGATED BY THE BOARD TO OTHER COMMITTEES OR OFFICERS, AND SHALL HAVE POWER TO AUTHORIZE THE SEAL OF THE CORPORATION TO BE AFFIXED TO ALL PAPERS WHICH MAY REQUIRE IT, AND SUCH OTHER POWERS AS THE BOARD MAY DELEGATE TO IT. THE EXECUTIVE COMMITTEE MAY HOLD MEETINGS AND MAKE RULES FOR THE CONDUCT OF ITS BUSINESS AS IT SHALL FROM TIME TO TIME DEEM NECESSARY OR ADVISABLE. THE PRESENCE OF AT LEAST FIVE MEMBERS OF THE EXECUTIVE COMMITTEE WHO ARE TRUSTEES SHALL CONSTITUTE A QUORUM AND MAY TAKE ACTION BY MAJORITY VOTE OF SUCH QUORUM. ALL ACTIONS OF THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD IN WRITING OR AT THE NEXT MEETING OF THE BOARD.

CONSISTENT WITH THE PROVISIONS OF THE MASSACHUSETTS GENERAL LAWS, THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY TO: (I) CHANGE THE PRINCIPAL OFFICE OF THE CORPORATION; (II) AMEND THE BYLAWS; (III) ELECT THE STATUTORY OFFICERS OF THE CORPORATION INCLUDING THE PRESIDENT AND DIRECTOR, TREASURER, AND SECRETARY, OR FILL VACANCIES IN SUCH OFFICES; (IV) CHANGE THE NUMBER OF THE BOARD OF TRUSTEES OR FILL VACANCIES IN THE BOARD OF TRUSTEES; OR (V) REMOVE OFFICERS OR TRUSTEES FROM OFFICE.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11A THE ORGANIZATION HAS PROVIDED A COMPLETE COPY (WITH THE EXCEPTION OF AN ANONYMOUS DONOR LISTED IN SCHEDULE B) OF THE FORM 990 TO ITS GOVERNING BODY.

FORM 990, PART VI, LINE 11B

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer ide

WOODS HOLE OCEANOGRAPHIC INSTITUTION

WOODS HOLE OCEANOGRAPHIC INSTITUTION'S (WHOI) FORM 990 IS PREPARED WITH THE ASSISTANCE OF ITS OUTSIDE TAX ACCOUNTANTS. FOLLOWING WHOI'S INTERNAL MANAGEMENT'S REVIEW, A DRAFT VERSION OF THE RETURN IS DISTRIBUTED TO THE AUDIT AND RISK COMMITTEE FOR REVIEW AND COMMENTS. ONCE THE RETURN HAS BEEN UPDATED WITH INTERNAL MANAGEMENT AND THE AUDIT AND RISK COMMITTEE'S COMMENTS, EACH VOTING MEMBER OF THE GOVERNING BODY, THE PRESIDENT & DIRECTOR AND VP FOR OPERATIONS AND CHIEF FINANCIAL OFFICER, WILL RECEIVE COPIES OF FORM 990 FOR REVIEW. THE AUDITORS/TAX CONSULTANTS WILL THEN FINALIZE THE FORM 990. COPIES OF COMPLETED FORM 990 WILL BE DISTRIBUTED IN ELECTRONIC OR PAPER FORM TO MEMBERS OF THE GOVERNING BODY PRIOR TO FILING WITH THE IRS. A DESIGNEE OF THE CHIEF FINANCIAL OFFICER WILL BE RESPONSIBLE FOR MAINTAINING A CURRENT DISTRIBUTION LIST AND DISTRIBUTING THE COPIES.

CONFLICT OF INTEREST COMPLIANCE

FORM 990, PART VI, LINE 12C

EACH TRUSTEE, OFFICER, AND KEY EMPLOYEE OF WOODS HOLE OCEANOGRAPHIC INSTITUTION ("WHOI") IS REQUIRED TO DISCLOSE ON AN ONGOING BASIS, IN WRITING, ON WHOI'S DISCLOSURE STATEMENT, (A) ANY FINANCIAL OR BUSINESS RELATIONSHIPS THAT HE OR SHE, OR ANY FAMILY MEMBER, HAS WITH WHOI OR ANY AFFILIATED ORGANIZATION OR WITH ORGANIZATIONS THAT DO BUSINESS WITH WHOI OR ANY AFFILIATED ORGANIZATION, (B) ANY ELECTED OR APPOINTED OFFICE OR POSITION THAT HE OR SHE, OR ANY FAMILY MEMBER, HOLDS IN A BRANCH OF GOVERNMENT OR IN A REGULATORY AGENCY HAVING AUTHORITY OR JURISDICTION OVER WHOI, OR (C) OTHER PERSONAL, FAMILIAL, FINANCIAL, OR BUSINESS RELATIONSHIPS THAT OTHERWISE COULD BE CONSTRUED TO AFFECT THE

Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer ide

WOODS HOLE OCEANOGRAPHIC INSTITUTION

| s at www.m. | 3.gov/10/11/550. | Inspection |
|-------------|------------------|----------------|
| | Employer identif | ication number |
| | 04-210 | 5850 |

INDEPENDENT, UNBIASED JUDGMENT OF SUCH TRUSTEE OR OFFICER IN LIGHT OF HIS

OR HER DECISION-MAKING AUTHORITY OR RESPONSIBILITIES FOR WHOI.

THE DISCLOSURE STATEMENTS ARE FILED WITH WHOI'S SECRETARY AND THE SECRETARY WILL PREPARE A REPORT ANNUALLY OR MORE FREQUENTLY AS NECESSARY FOR THE TRUSTEES AND OFFICERS SUMMARIZING ANY CONFLICT ISSUES. THE AUDIT COMMITTEE REVIEWS THE DISCLOSURE REPORTS AND ANY CONFLICTS OR POTENTIAL CONFLICTS ARE BROUGHT TO THE EXECUTIVE COMMITTEE'S ATTENTION. THE EXECUTIVE COMMITTEE WILL DETERMINE WHETHER A CONFLICT EXISTS BASED ON WHOI'S CONFLICT OF INTEREST POLICY. IF A CONFLICT OF INTEREST IS DETERMINED, THE EXECUTIVE COMMITTEE WILL EXERCISE ITS JUDGMENT ON THE BEST COURSE TO FOLLOW.

COMPENSATION APPROVAL

FORM 990, PART VI, LINE 15

THE ANNUAL COMPENSATION APPROVAL PROCESS CONSISTS OF A REVIEW BY THE ORGANIZATION'S INDEPENDENT COMPENSATION COMMITTEE, USING COMPARABLE, RELEVANT MARKET DATA FOR THE INSTITUTION'S POSITIONS OBTAINED FROM PUBLISHED SURVEYS, AND OTHER AVAILABLE SOURCES SUCH AS PEER ORGANIZATIONS' 990 FORMS. OTHER SURVEYS OF SPECIALIZED SKILL SETS OR EMPLOYEE ATTRIBUTES CRITICAL TO THE SUCCESS OF THE INSTITUTION WILL ALSO BE INCORPORATED AS NEEDED. MOREOVER, THE COMMITTEE MAY RELY ON MEMBERS OF WHOI MANAGEMENT AND OUTSIDE ADVISORS, CONSULTANTS, AND COUNSEL TO PROVIDE MARKET DATA REPORTS, ANALYSIS, AND OPINIONS WITH RESPECT TO COMPENSATION-RELATED MATTERS. ALL COMPENSATION DECISIONS MADE ARE DOCUMENTED IN THE MINUTES.

Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number 04-2105850

WOODS HOLE OCEANOGRAPHIC INSTITUTION

PUBLIC DISCLOSURE OF DOCUMENTS

FORM 990, PART VI, LINE 19

THE WOODS HOLE OCEANOGRAPHIC INSTITUTION MAKES ITS GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE

PUBLIC THROUGH ITS WEBSITE.

FORM 990, PART XI, LINE 9

RECONCILIATION OF NET ASSETS

VEBA RELATED EXPENSE(6,117,012)RETURN ON INVESTMENT FOR RETIREE & ACTIVE MED.(2,872,006)CHANGE IN SPLIT INTEREST AGREEMENTS(399,846)PENSION RELATED CHANGES OTHER THAN COST51,922,819ODYSSEY GIFT & RELEASE6,597,222OTHER NONOPERATING EXPENSES(13,328,349)

TOTAL

35,802,828

| Schedule O (Form 990 or 990-EZ) 2022 | | Page 2 |
|---|-------------------------|--------------------|
| Name of the organization | Employer ider | ntification number |
| WOODS HOLE OCEANOGRAPHIC INSTIT | TUTION 04-210 | 5850 |
| | | |
| ORM 990, PART VII-COMPENSATION OF THE 5 | | |
| AME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
| MC GARR SERVICE CORP | | |
| 233 NEEDHAM STREET, SUITE 530 NEWTON, MA 02464 | CLEANING SERVICES | 920,771. |
| NEWION, MA 02404 | CLEANING SERVICES | 920,771 |
| PWC LLP | | |
| 101 SEAPORT BLVD BOSTON, MA 02210 | AUDIT & TAX ADVISORY | 720,087 |
| | | |
| CAMBRIDGE ASSOCIATES 125 HIGH STREET | | |
| BOSTON, MA 02210 | INVEST MGMT SRVCS | 662,396. |
| HURON CONSULTING GROUP INC. | | |
| PO BOX 71223 | | |
| CHICAGO, IL 60694 | CONSULTING SERVICES | 615,193. |
| WILLIS TOWER WATSON US LLC | | |
| 901 NORTH GLEBE RD | | |
| ARLINGTON, VA 22203 | ACTUARIAL ADVISORY | 544,769. |

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

WOODS HOLE OCEANOGRAPHIC INSTITUTION

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

| | - | | | - | - |
|---|--------------------------------|---|----------------------------|---------------------------|--|
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g Section 5 contr enti | rolled |
|--|--------------------------------|---|----------------------------|---|--|----------------------------------|--------|
| | | | | | | Yes | No |
| (1) WHOI TAX EXEMPT EMP. WELFARE BEN. TRUST 04-3282355 | | | | | | | ĺ |
| 569 WOODS HOLE ROAD WOODS HOLE, MA 02543 | BEN. TRUST | MA | 501(C)(9) | N/A | WOODS HOLE | х | |
| (2) | _ | | | | | | |
| | | | | | | | |
| (3) | _ | | | | | | ĺ |
| | | | | | | | ļ |
| (4) | _ | | | | | | ĺ |
| | | | | | | | ļ |
| (5) | | | | | | | ĺ |
| | | | | | | | |
| (6) | | | | | | | ĺ |
| | | | | | | | |
| (7) | _ | | | | | | ĺ |
| | | | | | | | ĺ |

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

OMB No. 1545-0047

2 22

Employer identification number

04-2105850



WOODS HOLE OCEANOGRAPHIC INSTITUTION

04-2105850

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

| (a) Name, address, and EIN of related organization | (b) Primary activity | | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f) Share of total income | (g) Share of end-of- year assets | († Disprop alloca | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | General or managing | | General or managing | | General or managing | | General or managing | | General or managing | | General or managing | | (k) Percentage ownership |
|--|--------------------------------|-----------|-------------------------------------|---|---------------------------------|---|-------------------------|----|---|---|----|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|------------------------|--|---------------------------------------|
| | | (country) | | , | | | Yes | No | | Yes | No | | | | | | | | | | | | | |
| (1) WHOI INVESTMENTS HOLDINGS, LP | | | | | | | | | | | | | | | | | | | | | | | | |
| 569 WOODS HOLE RD WOODS HOLE, | INVESTING | DE | WOODS HOLE | EXCLUDED | 4,805,677. | 467,870,994. | | x | 784,802. | | x | 100.0000 | | | | | | | | | | | | |
| (2) | - | | | | | | | | | | | | | | | | | | | | | | | |
| (3) | _ | | | | | | | | | | | | | | | | | | | | | | | |
| (4) | _ | | | | | | | | | | | | | | | | | | | | | | | |
| (5) | _ | | | | | | | | | | | | | | | | | | | | | | | |
| (6) | _ | | | | | | | | | | | | | | | | | | | | | | | |
| (7) | _ | | | | | | | | | | | | | | | | | | | | | | | |

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (h) Percentage ownership | |
|--|--------------------------------|--|--|---|--|--------------------------------|--------|
| | | | | | | | Yes No |
| (1) QUISSETT DEVELOPMENT CORP. REALTY TRUST 26-6212595 | | | | | | | |
| 569 WOODS HOLE ROAD WOODS HOLE, MA 02543 | LICENSING | MA | WOODS HOLE | TRUST | | 100.0000 | х |
| (2) CHARITABLE REMAINDER TRUST (1) | | | | | | | |
| | SUPPORT | MA | WOODS HOLE | TRUST | | | x |
| (3) CHARITABLE REMAINDER TRUST (2) | | | | | | | |
| | SUPPORT | NY | WOODS HOLE | TRUST | | | x |
| (4) CHARITABLE REMAINDER TRUST (3) | | | | | | | |
| | SUPPORT | FL | WOODS HOLE | TRUST | | | x |
| (5) | | | | | | | |
| | 1 | | | | | | |
| (6) | | | | | | | |
| | 1 | | | | | | |
| (7) | | | | | | | |
| | 1 | | | | | | |

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | Ye | es No |
|-----|--|-------------------------------------|---|--------------------|--------------------|----------|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related o | rganizations listed in Parts II-IV? | | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | 1: | a | X |
| b | Gift, grant, or capital contribution to related organization(s) | | | | b 2 | ζ |
| с | | | | | c | X |
| d | Loans or loan guarantees to or for related organization(s) | | | | d | X |
| | Loans or loan guarantees by related organization(s) | | | | e | X |
| | | | | | | |
| f | Dividends from related organization(s) | | | 1 | f | X |
| g | | | | | g | X |
| h | Purchase of assets from related organization(s) | | | 1 | h | X |
| i | Exchange of assets with related organization(s). | | | 1 | i | X |
| j | Lease of facilities, equipment, or other assets to related organization(s). | | | 1 | j 📃 | X |
| | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | k | X |
| I | Performance of services or membership or fundraising solicitations for related organization(s) | | | | <u> </u> | X |
| | Performance of services or membership or fundraising solicitations by related organization(s) | | | | n | X |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | n | <u> </u> |
| 0 | Sharing of paid employees with related organization(s) | | | 10 | 0 | X |
| | | | | | | |
| р | | | | | | X |
| q | Reimbursement paid by related organization(s) for expenses | | | 1 | q > | ζ |
| | | | | | | - |
| r | Other transfer of cash or property to related organization(s) | | | 1 | r > | _ |
| | | including covered relationships a | nd transport | <u></u> 1: | s Z | ζ |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, | | | | | |
| | (a) Name of related organization Tr | (b) (c) ansaction Amount involve | d | (d) Method of d |) leterm | ining |
| | ty | pe (a - s) | | amount i | nvolve | ed |
| | | | | | | |
| (1) | WHOI TAX EXEMPT EMP. WELFARE BEN. TRUST | 1,229 | 951 CZ | ASH | | |
| (-) | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1011 | | |
| (2) | WHOI INVESTMENT HOLDINGS LP S | 22,244 | .000. CZ | ASH | | |
| | | | , | | | |
| (3) | | | | | | |
| | | | | | | |
| (4) | | | | | | |
| | | | | | | |
| (5) | | | | | | |
| | | | | | | |
| (6) | | | | | | |
| JSA | | | Sched | ule R (For | m 99 | 0) 2022 |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under | sec 501(organiz | ations? | (f) Share of total income | (g) Share of end-of-year assets | Disprop alloc | (h) portionate ations? | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | partner? | | (k) Percentage ownership |
|---|-------------------------|--|---|------------------------|---------|---------------------------------|--|------------------|------------------------------|---|----------|----|--------------------------------|
| | | | sections 512 - 514) | Yes | No | | | Yes | No | , , , , , , , , , , , , , , , , , , , | Yes | No | |
| (1) | _ | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |
| | — | | | | | | | | | | | | |

Schedule R (Form 990) 2022

 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.